FEDERAL MAIL

REPORT OF RECEIPTS AND DISBURSEMENTS

SEP 10 1990

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
1990 SEP 17 AM 7:44
OFFICE OF THE CLERK

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Friends of Mufi Hannemann Inc.

ADDRESS (number and street) ☐ Check if different than previously reported.
4614 Kilauea Ave. # 449

CITY, STATE and ZIP CODE
Honolulu Hi 96816

STATE/DISTRICT

2. FEC IDENTIFICATION NUMBER
136841
C 00245845

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☑ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☑ Twelfth day report preceding Primary / Special (Type of Election) election on Sept. 22, 1990 in the State of Hawaii
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☑ Primary Election ☐ General Election ☑ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period 7-1-90 through 8-31-90.

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	184,463.47	201,553.71
	(b) Total Contribution Refunds (from Line 20(d))		
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	184,463.47	201,553.71
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	189,369.82	202,446.64
	(b) Total Offsets to Operating Expenditures (from Line 14)		
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	189,369.82	202,446.64
8.	Cash on Hand at Close of Reporting Period (from Line 27)	38,112.80	
9.	Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	53,913.30	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Randall I. Sumida

Signature of Treasurer
Randall I. Sumida

Date
9-10-90.

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

FEC FORM 3
(revised 4/87)

9001407473

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)
Friends of Mufi Hannemann Inc.

Report Covering the Period:
From: 7-1-90 To: 8-31-90.

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)	124,099.00		11(a)(i)
(ii) Unitemized	35,664.47.		11(a)(ii)
(iii) Total of contributions from Individuals	159,763.47.	159,763.47.	11(a)(iii)
(b) Political Party Committees			11(b)
(c) Other Political Committees (such as PACs)	24,700.00	24,700.00	11(c)
(d) The Candidate		17,090.24	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	184,463.47	201,553.71.	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate			13(a)
(b) All Other Loans	38,850.00	38,850.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	38,850.00	38,850.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	155.73	155.73.	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	223,469.20	240,559.44.	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	189,369.82	202,446.64.	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).	189,369.82	202,446.64.	22

III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 4019.42	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 223,469.20	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 227,482.62	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	$ 189,369.82	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	$ 38,112.80	27

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 25

FOR LINE NUMBER 11a1

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 committees.

NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
L.T. Izumi 560 N. Nimitz Hwy Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Yamaguchi & Yamaguchi Occupation: appraiser Aggregate Year-to-Date > $ 500	7-6-90	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jon F. Yamaguchi 560 N. Nimitz Hwy Hon. Hi 96817. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Yamaguchi & Yamaguchi Occupation: appraiser Aggregate Year-to-Date > $ 500	7-6-90	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Heftel 4921 Kalanianaole Hwy Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 1000	7-6-90	1000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
MJ Tilker 583 Kamoku St. #3905 Hon. Hi 96826 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	C. Brewer & Co. Occupation: executive Aggregate Year-to-Date > $ 1000	7-6-90	1000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Chauncey Ieto 818 S. King St. # 1101 Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	7-11-90	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Noble Kawai 5366 Kilauea Ave Hon. Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 500	7-11-90.	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John W.A. Buyers P.O. Box 1826 Hon. Hi 96805 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	C. Brewer & Co. Occupation: executive. Aggregate Year-to-Date > $ 2000.	7-20-90 7-20-90	1,000.00 1,000.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 2 OF 25

FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kiichi Sakamoto 2190 Auhuhu St. Pearl City Hi 96782 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	7-20-90	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Glenn Shea 2593 Woodlawn Dr. Hon. Hi 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 500	7-20-90	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Trask 451 Atkinson Dr. Hon. Hi 96814 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special	ILWU Occupation director Aggregate Year-to-Date > $ 2,000	7-20-90 8-24-90	1,000.00 1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jean E. Rolles 3087 La Pietra Circle Hon. Hi 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Reef Hotels, Inc. Occupation executive. Aggregate Year-to-Date > $ 1000	7-20-90	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Frank K. Hamada 2900 Pacific Heights Rd Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 250	7-25-90	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Francis I. Tsuzuki 225 Queen St. #18-D Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed Occupation attorney Aggregate Year-to-Date > $ 250	7-25-90	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alfred S. Ugale 1624 Violet St. Hon. Hi 96819 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Halekulani Hotel Occupation chef Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00

SUBTOTAL of Receipts This Page (optional)	5250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 3 OF 25.

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Herbert K. Kawamoto 2609 Henry St. Hon Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Okada Trucking accountant Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Masaru Kawamoto 2609 Henry St. Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	retired Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Helen Fujimoto 47-485 Pakai Pl. Kaneohe Hi 96744 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Dennis T. Fujimoto accountant. Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dennis T. Fujimoto 47-485 Pakai Pl. Kaneohe Hi 96744 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed CPA. Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Raymond F. Schoenke 21151 Burnham Rd. Laytonsville MD 20879. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Schoenke & Koenig executive Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ann K. Aotani 2609 Henry St. Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Straub Clinic. Social worker. Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James S. Andrasick 609 Ahakea St. Hon Hi 96816 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	C. Brewer & Co Ltd executive Aggregate Year-to-Date > $ 2000	7-25-90 7-25-90	1,000.00 1,000.00

SUBTOTAL of Receipts This Page (optional) 8,000.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 4 OF 25.

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lefaga S. Beaver 3159 Ola St. Hon. Hi 96816 Receipt For: [/] Primary [ ] General [ ] Other (specify):	South Pacific Traders executive Aggregate Year-to-Date > $ 1000.	7-25-90	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David G. Elmore 2222 Kalakaua Ave. #1100 Hon. Hi 96815 Receipt For: [/] Primary [ ] General [ ] Other (specify):	executive Aggregate Year-to-Date > $ 250	7-25-90	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Takegoro Higa 47-602 Mapele Rd. Kaneohe Hi 96744 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	State of Hi mechanic. Aggregate Year-to-Date > $ 500	7-25-90	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Irish 419 A. Atkinson Dr. #604 Hon. Hi 96814 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Best effort. Aggregate Year-to-Date > $ 500	7-25-90	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Misao T. Carlson 2626 Hillside Ave. Hon. Hi 96822 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	retired Aggregate Year-to-Date > $ 250	7-25-90	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kamaka Miyamoto 44-111 Kalenakai Pl. Kaneohe Hi 96744 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	retired Aggregate Year-to-Date > $ 200	7-25-90	200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Warren S. Unemori 2145 Wells St. #403 Wailuku, Hi 96793 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Best effort. Aggregate Year-to-Date > $ 200	7-25-90	200.00

SUBTOTAL of Receipts This Page (optional)	2900.00
TOTAL This Period (last page this line number only)	

90014073738

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 5 OF 25

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ralph Yempuku 777 Ward Ave. Rm 10 Hon. Hi 96814 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed businessman Aggregate Year-to-Date > $ 600	7-25-90	600.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
O.K. Stender P.O. Box 3466 Hon. Hi 96801. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Campbell Estate trustee. Aggregate Year-to-Date > $ 500	7-25-90	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Man Kwong Au 933 Hookipa Way Hon. Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed realtor Aggregate Year-to-Date > $ 200	7-25-90	200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Francis K. Lum 595A Olomana St. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	State of Hi special assistant. Aggregate Year-to-Date > $ 250	7-25-90	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kent Lucien 2139 Halekoa Dr. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 500	7-25-90	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Henry Maruyama 1210 Auahi St. # 201 Hon. Hi 96814. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	West Coast Life Insurance Co. executive. Aggregate Year-to-Date > $ 250	7-25-90	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jack B. Johnson 621 Halela St. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Matson Terminals warehouseman. Aggregate Year-to-Date > $ 950	7-30-90	350.00

SUBTOTAL of Receipts This Page (optional)	2650.00
TOTAL This Period (last page this line number only)	

9001407439

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 6 OF 25

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nathan T.K. Aipa 146 Palapu St. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Bishop Estate attorney Aggregate Year-to-Date > $ 250	7-30-90	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Duane J.S. Kim 46-306 Nahewai St. Kaneohe Hi 96744 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 250	7-30-90	250.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Reginald P. Minn 3577 Pinao St. Hon. Hi 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed attorney Aggregate Year-to-Date > $ 1000	7-30-90	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dae Won Brickman 718 Amana St. #1401. Hon. Hi 96814. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	unemployed. Occupation Aggregate Year-to-Date > $ 1000	7-30-90	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dennis Choi 6041 Haleola St. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation executive. Aggregate Year-to-Date > $ 500	7-30-90	500.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sadako Kinoshita 131 Bush Ln. Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Stanley's Chicken Mkt. manager. Aggregate Year-to-Date > $ 250	7-30-90	250.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Douglas W. Frias Jr. 2680 Ipulei Pl. Hon. Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 500	7-30-90	500.00

SUBTOTAL of Receipts This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	

90014074740

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 7 OF 25

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James R. Aiona Jr. 94-1132 Moolelo St. Waipahu Hi 96797 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	C&C of Honolulu attorney Aggregate Year-to-Date > $ 250	7.30.90	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kyle H. Nitta 1245 Akele St. Kailua Hi 96734 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Rocky Road Poultry executive Aggregate Year-to-Date > $ 250	7.30.90	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James L. Hamasaki 1344 Konia St. Hon. Hi 96817 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	self employed contractor. Aggregate Year-to-Date > $ 250	7.30.90	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G. Paris 89-592 Mokiawe St. Waianae Hi 96792 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Ironworkers Union Local 625 agent. Aggregate Year-to-Date > $ 250	7.30.90	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paul Woo 46-131 Haleulani St. Kaneohe Hi 96744 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort Aggregate Year-to-Date > $ 250	7.30.90	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paul Y. Matsuda 98-1787 C Kaahumanu St. Aiea Hi 96701 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort Aggregate Year-to-Date > $ 500	7.30.90	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kevin S. Kaneshiro 1325 Ala Aolani Hon. Hi 96819. Receipt For: ✓ Primary ☐ General ☐ Other (specify):	State of Hi special assistant. Aggregate Year-to-Date > $ 250	7.30.90	250.00

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

90014074741

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 8 OF 25

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth K.W. Leong 98-1453 F Kaahumanu St. Aiea Hi 96701 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	7.30.90	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Roy Yamamoto 1847 Hoohulu St. Pearl City Hi 96782 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	7.30.90	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Hiromichi Asaoka 2885 S. King St. #101. Hon. Hi 96826 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Asaoka & Assoc. Inc Occupation engineer. Aggregate Year-to-Date > $ 250	7.30.90	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Karen S. Nakagawa 2130 Laukahi St. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	7.30.90	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jack Kiakona 352 Hualani St. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	self employed Occupation contractor. Aggregate Year-to-Date > $ 250	7.30.90	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Yamada 1203-G Alewa Dr. Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	7.30.90	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ronald B. Perret 1355 A. Keolu Dr. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	7.30.90	250.00

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 9 OF 25

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Trudi S. Saito 47-496 Waipua Pl. Kaneohe Hi 96744 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	unemployed homemaker Aggregate Year-to-Date > $ 1000	8-6-90	1,000.00
B. Full Name, Mailing Address and ZIP Code Alexander Brody 309 West 49th St. New York NY 10019. Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Name of Employer Ogilvy & Mather Occupation executive Aggregate Year-to-Date > $ 2000	8-6-90 8-6-90	1,000.00 1,000.00
C. Full Name, Mailing Address and ZIP Code Patrick K. Sullivan 7223 Makaa St. Hon. Hi 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort Occupation Aggregate Year-to-Date > $ 250	8-6-90	250.00
D. Full Name, Mailing Address and ZIP Code Seymour Kazimirski 2505 Aha Aina Pl. Hon. Hi 96821. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Florexotica Occupation executive Aggregate Year-to-Date > $ 250	8-6-90	250.00
E. Full Name, Mailing Address and ZIP Code Joseph H. Goldcamp 45 Kai Nani Pl. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort Occupation Aggregate Year-to-Date > $ 200	8-6-90	200.00
F. Full Name, Mailing Address and ZIP Code Gordon Hentschel. 100 Hanapepe Loop Hon. Hi 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Grand National Development Occupation executive Aggregate Year-to-Date > $ 500	8-6-90	500.00.
G. Full Name, Mailing Address and ZIP Code Paul C.T. Loo 950 Waiiki St. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Dean Witter Reynolds Occupation stockbroker Aggregate Year-to-Date > $ 1000	8-6-90	1,000.00.

SUBTOTAL of Receipts This Page (optional) 5200.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

For each category of the Detailed Summary Page: 10 | 25

FOR LINE NUMBER: 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Loo 950 Waiiki St. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Dean Witter Reynolds Occupation: stock broker Aggregate Year-to-Date > $ 500	8-6-90	500.00
B. Full Name, Mailing Address and ZIP Code Allen H. Fujii P.O. Box 878 Hon. Hi 96808 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Dean Witter Reynolds, Inc. Occupation: executive. Aggregate Year-to-Date > $ 500	Date (month, day, year): 8-6-90	Amount of Each Receipt this Period: 500.00
C. Full Name, Mailing Address and ZIP Code Anthony S.Y. Seto 1520 Liliha St. #409 Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Anthony S.Y. Seto MD Inc. Occupation: physician. Aggregate Year-to-Date > $ 250	Date (month, day, year): 8-6-90	Amount of Each Receipt this Period: 250.00
D. Full Name, Mailing Address and ZIP Code Thomas S. Witten 832 Hind Iuka Dr. Hon. Hi 96821. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: PBR Hawaii Occupation: executive. Aggregate Year-to-Date > $ 500	Date (month, day, year): 8-6-90	Amount of Each Receipt this Period: 500.00
E. Full Name, Mailing Address and ZIP Code Robert M. Fujimoto 380 Kaneoelehua Ave Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☑ Other (specify): Special.	Name of Employer: HPM Building Supply Occupation: executive Aggregate Year-to-Date > $ 2,000.	Date (month, day, year): 8-6-90 ✓	Amount of Each Receipt this Period: 1,000.00 1,000.00
F. Full Name, Mailing Address and ZIP Code Kenneth F. Brown. 220 S. King St. #1212 Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: self employed Occupation: businessman. Aggregate Year-to-Date > $ 200	Date (month, day, year): 8-6-90.	Amount of Each Receipt this Period: 200.00
G. Full Name, Mailing Address and ZIP Code J. Alan Kugle P.O. Box 1826 Hon. Hi 96805 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: C. Brewer & Co. Ltd. Occupation: executive. Aggregate Year-to-Date > $ 1000	Date (month, day, year): 8-6-90	Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) 4950.00

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

9001407474

SCHEDULE A — ITEMIZED RECEIPTS | For each category of the Detailed Summary Page | FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
B.G. Moynahan 4156 Black Point Rd Hon. Hi 96816 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	C. Brewer & Co. executive > $ 1000	8-6-90 8-31-90	750.00 250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R.J. Pfeiffer 595 Miner Rd. Orinda CA 94563 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	A & B Inc. executive > $ 1000	8-6-90	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James Rodney Veary 3107 Hayden St. Hon. Hi 96815 Receipt For: ✓ Primary ☐ General ✓ Other (specify): special.	C & C of Honolulu attorney. > $ 2000.	8-6-90 ✓	1,000.00 1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jon Fukuda 1777 East West Rd Hon. Hi 96848 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort > $ 250	8-6-90	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Yolanda L. Leong 4019 Iwalani Pl. Hon. Hi 96816 Receipt For: ✓ Primary ☐ General ✓ Other (specify): special	Best effort > $ 2000.	8-6-90 ✓	1,000.00 1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Y. Ogawa 3741 Harding Ave Hon. Hi 96816 Receipt For: ✓ Primary ☐ General ✓ Other (specify): special	retired. > $ 2000	8-6-90 ✓	1,000.00 1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Fred M. Ogasawara 760 Kolu St. Wailuku Hi 96793 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Capital Insurance businessman. > $	8-6-90 8-90	500.00 200.00

SUBTOTAL of Receipts This Page (optional)	8950.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

For each category of the Detailed Summary Page: 12 | 25 — FOR LINE NUMBER: 11.a.1

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Josephine L. Farm 3446 Pakui St. Hon. Hi 96816 Receipt For: ✓ Primary ☐ General ✓ Other (specify): special.	Locations Inc Occupation: Real est. agent. Aggregate Year-to-Date > $ 2000	8-6-90 8-6-90	1,000.00 1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lloyd Ogawa 2954 Kuilei St. #1802 Hon. 96826 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Hi Acoustic & Drywall Occupation: carpenter Aggregate Year-to-Date > $ 1000	8-6-90	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Rodney M. Kawamura 1090 Kaholo St. Hilo Hi 96720 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Hilo Engineering Inc. Occupation: engineer Aggregate Year-to-Date > $ 250	8-6-90	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephanie Sur Goto 1717 Mott Smith Dr #611 Hon. Hi 96822 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort Occupation: Aggregate Year-to-Date > $ 500	8-6-90	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gregg N. Hirata 3325 Kaohinani Dr. Hon. Hi 96817 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	State of Hi Occupation: communication writer/coordinator Aggregate Year-to-Date > $ 1000	8-16-90	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Milton M. Hirohata 1425 Akialoa Pl. Kailua Hi 96734 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort Occupation: Aggregate Year-to-Date > $ 250	8-16-90	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen C. Sherrerd 833 Muirfield Rd. Bryn Mawr PA 190140 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Occupation: homemaker. Aggregate Year-to-Date > $ 1000.	8-16-90	1,000.00

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	

90014074746

SCHEDULE A — ITEMIZED RECEIPTS | For each category of the Detailed Summary Page | 18 | 25 | FOR LINE NUMBER | 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John J. F. Sherrerd 833 Muirfield Rd. Bryn Mawr PA 19010 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Miller Anderson & Sherrerd investment counsel. Aggregate Year-to-Date > $ 2000	8-16-90 ✓	1,000.00 1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Valma A. Von Holt 1208 A Kamahele Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Best effort. Occupation Aggregate Year-to-Date > $ 2000.	8-16-90 ✓	1,000.00 1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David A. Heenan 4465 Kahala Ave Hon. Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Theo H. Davies Co. executive Aggregate Year-to-Date > $ 250.	8-16-90	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Neal Mazer 3172 Pacific Heights Rd Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Marimed Foundation doctor Aggregate Year-to-Date > $ 400	8-16-90	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Yukie N. Hirata 3325 Kaohinani Dr. Hon Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	retired Occupation Aggregate Year-to-Date > $ 1000	8-16-90	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard W. Kazmaier Harbour House 42 ORC Box 29 Key Largo Fl. 33037. Receipt For: ☑ Primary ☐ General ☑ Other (specify): special	Best effort. Occupation Aggregate Year-to-Date > $ 2000.	8-16-90 ✓	1,000.00 1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bernard J. Curtin P.O. Box 616 Hauula Hi 96717. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 250	8-16-90	250.00

SUBTOTAL of Receipts This Page (optional)	7,900.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS — Detailed Summary Page — 14 — 25 — FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alvin T. Kobayashi 1442 Akele Pl. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	8.16.90	250.00
B. Full Name, Mailing Address and ZIP Code Allan L. Parker 92-683 Wainohia Pl. Ewa Beach Hi 96707 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: EE Black Inc. Occupation: manager Aggregate Year-to-Date > $ 250	Date (month, day, year): 8.16.90	Amount of Each Receipt this Period: 250.00
C. Full Name, Mailing Address and ZIP Code Vincent M. Versage 1140 23rd St. NW Apt. 407 Washington D.C. 20037 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Cassidy & Assoc. Occupation: consultant. Aggregate Year-to-Date > $ 1000	Date (month, day, year): 8.16.90	Amount of Each Receipt this Period: 1,000.00
D. Full Name, Mailing Address and ZIP Code George A. Ramonas 414 3rd St. SE Washington D.C. 20003 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 500	Date (month, day, year): 8.16.90	Amount of Each Receipt this Period: 500.00
E. Full Name, Mailing Address and ZIP Code Bruce I. Selfon 4206 Thornapple St. Chevy Chase MD 20815. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 300	Date (month, day, year): 8.16.90	Amount of Each Receipt this Period: 300.00
F. Full Name, Mailing Address and ZIP Code Calvin Hill. 2107 Livio Court Reston VA. 22091. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 200	Date (month, day, year): 8.16.90	Amount of Each Receipt this Period: 200.00
G. Full Name, Mailing Address and ZIP Code Elliot Fiedler 1 Dunleith Ct. North Potomac MD 20878. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 250.	Date (month, day, year): 8.16.90	Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

90014074748

SCHEDULE A — ITEMIZED RECEIPTS — (or Continuation of the Detailed Summary Page) — 3 | 25 — FOR LINE NUMBER: 11a1

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kristy T. Kusumoto 4330 Hardwick Rd # 308-3 College Park, MD 20740 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250	8/16/90	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Fred E. Trotter 900 Fort St. Mall # 1450 Hon. Hi 96813 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	F.E Trotter Occupation trustee Aggregate Year-to-Date > $ 300	8/16/90	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sidney Fuke 100 Pauahi St. # 212 Hilo Hi 96720 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	self employed Occupation consultant. Aggregate Year-to-Date > $ 250	8/16/90	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. Pardee Erdman Jr. Ulupalakua Hi 96790 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Ulupalakua Ranch. Occupation Aggregate Year-to-Date > $ 250	8-24-90	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
W.A. Cromarty 240 Montrose S. Orange NJ 07079. Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 1000	8-24-90	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sadao Honda 810 Kilani Ave Wahiawa Hy. 96786 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	self employed Occupation dentist Aggregate Year-to-Date > $ 1000	8-24-90	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen W. Knox P.O. Box 520 Wailuku Hi 96793. Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 1000	8-24-90	1,000.00

SUBTOTAL of Receipts This Page (optional)	4050.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 16 OF 25

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
George Chaplin. P.O. Box 3110 Hon. Hi 96802 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	retired. Occupation Aggregate Year-to-Date > $ 200.	8-24-90	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Y. Karen Nakagawa 817 Kahena St. Hon. Hi 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250.	8-24-90	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Fujio Matsuda 1844 Kihi St. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Research Corp of the University of Hi Occupation director. Aggregate Year-to-Date > $ 200	8-24-90	200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James S. Kendrick. HCR Box 1 Kohala Ranch. Kamuela Hi 96743. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 200	8-24-90	200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donn R. Ariyoshi 144 Ragsdale Pl. Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	ARI Group Hi USA Inc. Occupation executive. Aggregate Year-to-Date > $ 250.	7-18-90	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Richard T. Asato P.O. Box 17865 Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Island Movers Inc Occupation executive Aggregate Year-to-Date > $ 750	7-18-90 8-31-90	250.00 500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Laila J. Beirne 2444 Kawohi Pl. Hon. Hi 96819 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Kaiser Foundation Occupation clerk. Aggregate Year-to-Date > $ 250	7-18-90	250.00

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS — for each category of the Detailed Summary Page — 17 — 25. — FOR LINE NUMBER: 11ai

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code Lindberg S.H. Ching. 2028 Mott Smith Dr. Hon. Hi 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer self employed Occupation businessman Aggregate Year-to-Date > $ 500	Date (month, day, year) 7-18-90	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code John C. Couch P.O. Box 3440 Hon. Hi 96801 Receipt For: ☑ Primary ☐ General ☑ Other (specify): Special	Name of Employer A&B-Hawaii Inc. Occupation executive Aggregate Year-to-Date > $ 2000	Date (month, day, year) 7-18-90 ✓	Amount of Each Receipt this Period 1,000.00 1,000.00
C. Full Name, Mailing Address and ZIP Code Frances C. Crowell. 3828 Mariposa Dr. Hon. Hi 96816 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer State of Hi Occupation teacher Aggregate Year-to-Date > $ 200	Date (month, day, year) 7-18-90	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code George A. Morris 45-302 Puuloko Pl. Kaneohe Hi 96744 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort. Occupation Aggregate Year-to-Date > $ 2000	Date (month, day, year) 7-18-90 ✓	Amount of Each Receipt this Period 1,000.00 1,000.00.
E. Full Name, Mailing Address and ZIP Code Charlene M. Thompson 306 Portlock Rd Hon. Hi 96825. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Tihati Productions. Occupation executive. Aggregate Year-to-Date > $ 1000	Date (month, day, year) 7-18-90	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Gary T. Shimabukuro 1650 Ala Moana Blvd. #505 Hon. Hi 96815 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort Occupation Aggregate Year-to-Date > $ 250	Date (month, day, year) 7-18-90	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Alfred Y.K. Wong 98-703 Iho Pl. Aiea Hi 96701 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort. Occupation Aggregate Year-to-Date > $ 200	Date (month, day, year) 7-18-90	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)	6150.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

For each category of the Detailed Summary Page: 16 | 23

FOR LINE NUMBER: 11a

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Edison H. Miyawaki 1010 Wilder Ave. PHE Hon. Hi 96822 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Nuuanu Hale Hosp doctor. Aggregate Year-to-Date > $ 500	8-24-90	500.00
B. Full Name, Mailing Address and ZIP Code Alan R. Kimi 2222 Kalakaua Ave #714 Hon. Hi 96815 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer Hukilau Hotel Occupation executive. Aggregate Year-to-Date > $ 500	Date (month, day, year) 8-24-90	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code F.M. Da Silva Kirk 625 Kaimalino St Kailua Hi 96734 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort. Occupation Aggregate Year-to-Date > $ 300	Date (month, day, year) 8-24-90	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Sonny Okada 2065 S. King St. Hon. Hi 96828 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort Occupation Aggregate Year-to-Date > $ 1000	Date (month, day, year) 8-24-90	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Melvyn Y.K. Choy 345 Queen St. Hon Hi 96813 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort. Occupation Aggregate Year-to-Date > $ 2000	Date (month, day, year) 8-31-90 8-31-90	Amount of Each Receipt this Period 1,000.00 1,000.00
F. Full Name, Mailing Address and ZIP Code L. Vaofua Maughan. % 777 Kapiolani Blvd Hon Hi 96813 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation homemaker Aggregate Year-to-Date > $ 2000	Date (month, day, year) 8-31-90 8-31-90	Amount of Each Receipt this Period 1,000.00 1,000.00
G. Full Name, Mailing Address and ZIP Code James S. Fujimoto 47-287 B Hui Iwa St. Kaneohe Hi 96744 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer retired. Occupation Aggregate Year-to-Date > $ 1000	Date (month, day, year) 8-31-90	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	7300.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS** (for each category of the Detailed Summary Page) [illegible] 25

FOR LINE NUMBER 11a i

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

	Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Receipt For	Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A.	Yoshiko Fujimoto 47-287 B Hui Iwa St. Kaneohe Hi 96744	retired		☑ Primary ☐ General ☐ Other (specify):	$ 1000	8-31-90	1,000.00
B.	Carol Seto 5216 Oio Dr. Hon. Hi 96821	Intercontinental Medical	secretary	☑ Primary ☐ General ☐ Other (specify):	$ 1000	8-31-90	1,000.00
C.	D.R. Cannalte 1673 A Kino St. Hon. Hi 96819	Pacific Fleet Sub Memorial Assoc.	manager	☑ Primary ☐ General ☐ Other (specify):	$ 1000	8-31-90	1,000.00
D.	Salvador Aquino 98-1414 Kaahumanu St #C Pearl City, Hi 96782	Wahiawa General Hospital.	technician.	☑ Primary ☐ General ☐ Other (specify):	$ 1000	8-31-90	1,000.00
E.	Leatrice M. Matsumoto 1673 Kino St. Hon. Hi 96819	retired		☑ Primary ☐ General ☐ Other (specify):	$ 1000	8-31-90	1,000.00
F.	David L. Cole P.O. Box 785 Waipahu Hi 96797	Pearl Harbor Naval Shipyard.		☑ Primary ☐ General ☐ Other (specify):	$ 1000	8-31-90	1,000.00
G.	Paul W. McFall 98-1137 Puu Ula Ula St Pearl City Hi 96782	St. Francis Hospital	Account repres.	☑ Primary ☐ General ☐ Other (specify):	$ 1000	8-31-90	1,000.00

SUBTOTAL of Receipts This Page (optional) 7000.00

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

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SCHEDULE A — ITEMIZED RECEIPTS | (for each category of the Detailed Summary Page) | 20 | 25 | FOR LINE NUMBER | 11a

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Glenn K. Yim. 227 Kakahiaka St Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Marriott Corp. manager. Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Merrille K. Kalahiki 1922 A Ala Mahamoe Hon. Hi 96819 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Seawind Tours & Travel. consultant. Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Randy P. King 227 Kakahiaka St Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Seawind Tours & Travel executive Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Stanley Gono. 974 Apokula St. Kailua Hi 96734 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Hawaii CU League accountant. Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Pamela F. Cushnie P.O. Box 130 Pahala Hi 96777. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	St. of Hawaii teacher Aggregate Year-to-Date > $ 400	7-25-90 8-31-90	100.00 300.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William A. Bours III Park Plaza #1706, 1100 Lovering Ave. Wilmington DE 19806. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 500	8-31-90	500.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John Dominis Holt. 2505 Makiki Hts. Dr. Hon. Hi 96822. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort. Occupation Aggregate Year-to-Date > $ 500	8-31-90	500.00

SUBTOTAL of Receipts This Page (optional)	5400.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

Enter Category of Line Detailed Summary Page | FOR LINE NUMBER: 11ai

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Sheridan C.F. Inc 130 Merchant St. #1908 Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Sheridan Inc Corp executive. Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
B. Full Name, Mailing Address and ZIP Code Andres. B. Fanjul 316 Royal Poinciana Plaza Palm Beach, FL. 33480 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00.
C. Full Name, Mailing Address and ZIP Code Dan J. Lutkenhouse 248 Kahoa Rd Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 500	8-31-90	500.00
D. Full Name, Mailing Address and ZIP Code James W. Ednie 256 Kaiulani St. Hilo Hi 96720 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
E. Full Name, Mailing Address and ZIP Code Timmy T. Hirata 3325 Kaohinani Dr. Hon. Hi 96817 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: retired. Occupation Aggregate Year-to-Date > $ 825	7-13-90 7-25-90 8-31-90	200.00 125.00 500.00
F. Full Name, Mailing Address and ZIP Code Terris H. Inglett 1024 Waieli St. Hon. Hi 96821 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort Occupation Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
G. Full Name, Mailing Address and ZIP Code Akio Futakawa 1697 Lewalani Dr. Hon. Hi 96822 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Best effort. Occupation Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00

SUBTOTAL of Receipts This Page (optional) 6325.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

For each category on the Detailed Summary Page | 22 | 26 | FOR LINE NUMBER | 11a

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roslyn M. Hirata 7 Village Park Way Santa Monica / CA. 90405. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
B. Full Name, Mailing Address and ZIP Code Henry T. Nakahodo 452 Kekupua St. Hon. Hi / 96825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort Occupation Aggregate Year-to-Date > $ 200	Date (month, day, year) 7-20-90	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code Andy M. Ichiki 46-551 Haiku Plantation Dr. Kaneohe Hi / 96744 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Carlsmith, Wichman, Case, Mukai & Ichiki Occupation attorney Aggregate Year-to-Date > $ 200	Date (month, day, year) 7-20-90	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Maurice J. Sullivan P.O. Box 22117 Hon. Hi 96822. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Foodland Occupation executive Aggregate Year-to-Date > $ 200	Date (month, day, year) 7-25-90	Amount of Each Receipt this Period 200.00 1600.
E. Full Name, Mailing Address and ZIP Code John Solaita P.O. Box 1826 Hon. Hi 96805 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Brewer Chemical Occupation executive. Aggregate Year-to-Date > $ 1000.	Date (month, day, year) 7-3-90	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Peter Yukimura 2772 Aneahe St. Lihue Hi 96766 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Best effort. Occupation Aggregate Year-to-Date > $	Date (month, day, year) 8-11-90	Amount of Each Receipt this Period 400.00 in kind.
G. Full Name, Mailing Address and ZIP Code Walter Smiths 174 Wailua Rd Kapaa Hi 96746 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Self employed Occupation businessman Aggregate Year-to-Date > $	Date (month, day, year) 8-11-90	Amount of Each Receipt this Period 360.00 in kind.

SUBTOTAL of Receipts This Page (optional)	3960.00
TOTAL This Period (last page this line number only)	

90014075 6

SCHEDULE A — ITEMIZED RECEIPTS

Use 1 Page at a Schedule A for each category of the Detailed Summary Page: 23 | 25

FOR LINE NUMBER: 11a1

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Thronas P.O. Box 55 Kapaa Hi 96746 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	retired Occupation Aggregate Year-to-Date $ 225.	7-13-90 8-11-90 8-11-90	125.00 50.00 *350.00 *(in kind)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mary Thronas P.O. Box 55 Kapaa Hi 96746 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Best effort Occupation Aggregate Year-to-Date $ 275.	7-13-90 8-11-90 8-11-90	125.00 50.00 *100.00 *(in kind)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Katayama 1190 Crossy St Kapaa Hi 96746 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Kilauea Argonomics Occupation: executive Aggregate Year-to-Date $ 250.	8-27-90	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
E. Alan Kenneth %. P.O. Box 80 Kilauea Hi 96754 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Olokele Sugar Occupation: executive Aggregate Year-to-Date $ 220.	8-11-90	220.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Paula Morikami P.O. Box 3040 Princeville Hi 96722. Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Princeville Corp. Occupation: director Aggregate Year-to-Date $ 500.	8-11-90	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Myron Kirkeby 4531 Lower Honoapilani Rd Maui Hi Receipt For: ☑ Primary ☐ General ☑ Other (specify): special	Best effort Occupation Aggregate Year-to-Date $ 500.	8-90	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Masaru Yokouchi % 270 Hookahi St. Wailuku Hi 96793. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date $ 1000.	8-90	1,000.00

SUBTOTAL of Receipts This Page (optional)	3270.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page — 24 | 25 — FOR LINE NUMBER: 11a

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Takatsuka 745 Wailupe Dr. Maui Hi Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Best effort Occupation Aggregate Year-to-Date > $ 250.	8-90	250.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Raymond Ono 20 w Kaahumanu Ave Kahului Hi 96732 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	First Hawaiian Bank Occupation manager Aggregate Year-to-Date > $ 294.	8-90	294.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roy Tokuja 98-1932 Hapaki St Aiea Hi 96701 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special	Cove Enterprise Occupation executive Aggregate Year-to-Date > $ 2000	8-12-90	2,000.00 in kind.
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kenneth Wong 16th Fl. Bancorp Tower Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Goodsill, Anderson, Quinn & Stifel Occupation attorney Aggregate Year-to-Date > $ 1000.	7-11-90	1,000.00 in kind
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joe Fujita 2416 Apoepoe St. Pearl City Hi 96782 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	State of Hi Occupation teacher Aggregate Year-to-Date > $ 1700	8-15-90	1700.00 in-kind.
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
K.S. Fernandez 100 Lumahai St. Hon. Hi 96825 Receipt For: ☑ Primary ☐ General ☑ Other (specify):	EK Fernandez Shows Occupation executive Aggregate Year-to-Date > $ 500	8-12-90	500.00 in kind.
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
George D. Baker 1101 Connecticut Ave Washington DC 20036 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Williams & Jensen PC Occupation attorney Aggregate Year-to-Date > $ 2000.	7-31-90	2,000.00 in-kind.

SUBTOTAL of Receipts This Page (optional) . . . . . 7744.00.

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

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page — FOR LINE NUMBER: 11ai

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)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joe Asato 1060 Young St. #301 Hon. Hi 96814 Receipt For: ☑ Primary ☐ General ☑ Other (specify): special.	Hanauma Bay Yacht Club manager. Aggregate Year-to-Date > $ 2000.	7-18-90	2,000.00 in kind
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jimmy Nakata 3430 Ala Hapuu Hon. Hi 96818 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	retired Aggregate Year-to-Date > $ 1600.	7-18-90	1,600.00 in kind
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	3,600.00
TOTAL This Period (last page this line number only)	124,099.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
American Crystal Sugar PAC 101 N. Third St. Moorhead MN 56560 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000	7-11-90	1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
California Beet Growers Assoc. Ltd. PAC 2 West Swain Rd. Stockton CA 95207 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350	7-13-90	350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
American Sugarbeet Growers Assoc. PAC 1156 15th St. NW # 1020 Washington DC. 20005. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.	7-25-90	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ironworkers Political Action League 1750 New York Ave., NW Washington D.C. 20006 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000	8-6-90	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
1st Hawaiian Good Citizen Comm. 161 S. King St. Hon. Hi 96813 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.	8-6-90	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Laborers Western Political League 1103 No. B St. # B. Sacramento CA 95814. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5000	8-16-90	5,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GTE PAC % P.O. Box 2200 Hon. Hi 96841. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500	8-16-90	500.00

SUBTOTAL of Receipts This Page (optional)	9850.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS | (or Continuation of the Detailed Summary Page) | 2 | 4 | FOR LINE NUMBER | 11c

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SPEC Bank of Hi Governmental Affairs P.O. Box 2900 Hon Hi 96846 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation	8-16-90	1,000.00
	Aggregate Year-to-Date > $	1000.	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Fed. of Amer. Health Systems Fed PAC 1111 19th St., NW #402 Washington D.C. 20036 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation	8-16-90	300.00
	Aggregate Year-to-Date > $	300	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Great Lakes Sugar Beets Growers Assoc. PAC. 320 Plaza North. Saginaw MI 48604 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation	8-16-90	300.00
	Aggregate Year-to-Date > $	300	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Williams & Jensen P.C. PAC 1101 Connecticut Ave NW #500 Washington D.C. 20036 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation	8-16-90	300.00
	Aggregate Year-to-Date > $	300	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
American Physical Therapist Congr. Action Comm. 1111 N. Fairfax St. Alexandria VA 22314. Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation	8-16-90	600.00
	Aggregate Year-to-Date > $	600	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
The Southwest Peanut PAC 412 1st St. SE # 214 Washington D.C. 20003 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation	8-16-90	300.00
	Aggregate Year-to-Date > $	300	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
American Sugar Cane League PAC RO Drawer 938 Thibodaux LA 70302 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation	8-16-90	500.00
	Aggregate Year-to-Date > $	500	

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

For each category of the Detailed Summary Page — FOR LINE NUMBER: 11c

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ADM PAC PO Box 1470 Decatur, IL 62525. Receipt For: [/] Primary [ ] General [ ] Other (specify):	Occupation	8-16-90	600.00
	Aggregate Year-to-Date > $	600	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beet Sugar PAC 1156 15th St. NW Washington D.C. 20005 Receipt For: [/] Primary [ ] General [ ] Other (specify):	Occupation	8-16-90	300.00
	Aggregate Year-to-Date > $	300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nat. Council of Farmer Coop. Co-OP/PAC. 50 F St. NW # 900 Washington D.C. 20001 Receipt For: [/] Primary [ ] General [ ] Other (specify):	Occupation	8-16-90	300.00
	Aggregate Year-to-Date > $	300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Southern Minn. Sugar Coop PAC. Renville. MN 56284. Receipt For: [/] Primary [ ] General [ ] Other (specify):	Occupation	8-16-90	500.00
	Aggregate Year-to-Date > $	500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CPB PAC-FED. 50 N. King st. Hon. Hi 96817 Receipt For: [/] Primary [ ] General [ ] Other (specify):	Occupation	8-16-90	500.00
	Aggregate Year-to-Date > $	500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A & B Fed PAC P.O. Box 3440 Hon. HI. 96801 Receipt For: [/] Primary [ ] General [ ] Other (specify):	Occupation	7-18-90 8-11-90	1,000.00 250.00
	Aggregate Year-to-Date > $	1250.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pacific Resources PAC. P.O. Box 3379 Hon. Hi 96842 Receipt For: [/] Primary [ ] General [ ] Other (specify):	Occupation	8-24-90	500.00
	Aggregate Year-to-Date > $	500	

SUBTOTAL of Receipts This Page (optional)	3,700.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS — For each category of the Detailed Summary Page — FOR LINE NUMBER: 11c

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
International Longshoreman's & Warehousemen's Union PAC 1188 Franklin St. San Francisco CA. 94109 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $ 2500.	8-27-90	2,500.00
B. Full Name, Mailing Address and ZIP Code Spreckels Industries Empl. Polit. Action Fund 4234 Hacienda Dr. Pleasanton CA. 94566. Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 900	8-31-90	300.00
C. Full Name, Mailing Address and ZIP Code Florida Sugar Cane League PAC. 115 S. Lopez St. Clewiston FL. 33440. Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 900	8-31-90	300.00.
D. Full Name, Mailing Address and ZIP Code AT&T PAC 550 Madison Ave New York NY, 10022. Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 1000	8-31-90	1,000.00
E. Full Name, Mailing Address and ZIP Code Plumbers & Pipefitters Pol. Action Comm. Fund. 40 S. Hotel St. # 205 Hon. Hi 96813 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 2500	8-31-90	2,500.00
F. Full Name, Mailing Address and ZIP Code Manton for Congress Inc Washington D.C. 20515 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 1000	7-25-90	1,000.00
G. Full Name, Mailing Address and ZIP Code Faleomavaega for Congress Comm. P.O. Box 44669 Washington D.C. 20026 Receipt For: [✓] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 250.	8-16-90	250.00

SUBTOTAL of Receipts This Page (optional)	7,850.00
TOTAL This Period (last page this line number only)	24,700.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 13 a

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code Muliufi F. Hannemann P.O. Box 1826 Hon. Hi 96805. Receipt For: ☑ Primary ☐ General ☑ Other (specify): special	Name of Employer C. Brewer & Co. Ltd Occupation executive Aggregate Year-to-Date > $	Date (month, day, year) 8-24-90 8-31-90	Amount of Each Receipt this Period 8,850.00 30,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	38,850.00

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SCHEDULE A — ITEMIZED RECEIPTS

For each category of the Detailed Summary Page — FOR LINE NUMBER: 15.

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bank of Honolulu 841 Bishop St Hon Hi 96813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Interest Inc. Aggregate Year-to-Date > $	7-90, 8-90	155.73
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	155.73

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SCHEDULE B — ITEMIZED DISBURSEMENTS

Use one (1) Schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. The Creative Corner 777 Kapiolani Blvd. #2600 Hon. HI 96813	electronic media Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-1-90 7-19-90 8-4-90	6,102.74 7,463.56 449.59
B. The Creative Corner	electronic media Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-1-90 8-16-90 8-28-90	1,898.50 14,269.43 15,454.46
C. The Creative Corner.	electronic media Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-27-90 8-30-90	5,540.84 27,783.92
D. Hawaii Newspaper Agency P.O. Box 3350 Hon. Hi 96801	print media - adver. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-6-90 8-10-90 8-16-90	827.75 979.89 979.89
E. Hawaii Newspaper Agency	print media - adver. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-24-90	979.89
F. Iva's Komplete Katering 979 Robello Lane Hon. Hi 96817	food - rally. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-12-90	412.50
G. Kewalo Ships Gallery Restaurants 1125A Ala Moana Blvd Hon. Hi 96814.	beverage. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-12-90	244.10
H. Hill & Knowlton/Comm. Pacific 820 Mililani St. 4th Fl. Hon. Hi 96813	media consultant Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-13-90	2604.18.
I. U.S. Postmaster 3600 Aolele St. Hon. Hi 96819	stamps. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	7-13-90 8-13-90 8-15-90.	300.00 1500.00 11,976.00
SUBTOTAL of Disbursements This Page (optional)			99,767.24.
TOTAL This Period (last page this line number only)			

90014076 6

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dana Labels 3035 Waialae Ave Hon. Hi 96816.	supplies Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-19-90.	265.63
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Custom Audio P.O Box 22441 Hon. Hi 96822	fundraiser - sound system. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-18-90	550.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DPI Video 1575 S. Beretania St. #105 Hon. Hi 96826	video shoot. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-18-90	670.80
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fisher Printing Co. 919 Kekaulike St. Hon. Hi 96817.	brochures, printing Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-23-90 8-28-90	10,088.00 5,150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American T Shirts. 500 Ala Kawa Bay 114 Hon. Hi 96817.	shirts Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-23-90 7-26-90	1,657.65 2,819.99
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lehua Bar & Grill 11 Waianuenue Ave Hilo Hi 96720	headquarter rental. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-20-90.	1,250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Island Beverage Co. Inc. 2888 Ualena St. Hon. Hi 96819.	beverage- fundraiser rally. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-2-90	1,282.60
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pomare Properties Corp 1221 Kapiolani Blvd. #230 Hon. Hi 96814	headquarter rental Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-5-90	2,305.26
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Letter Shop. Ltd. 1218 S. Beretania St Hon. Hi 96814	printing Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-5-90	322.40

SUBTOTAL of Disbursements This Page (optional)	26,362.33
TOTAL This Period (last page this line number only)	

90014076 7

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hawaiian Telephone Co. P.O. Box 997 Hon. Hi 96808	telephone svc. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-5-90 ✓ ✓	1,008.74 194.84 351.61.
B. Full Name, Mailing Address and ZIP Code Hawaiian Telephone Co.	Purpose of Disbursement telephone svc. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-31-90 ✓ ✓	Amount of Each Disbursement This Period 155.11 197.38 490.52
C. Full Name, Mailing Address and ZIP Code Hawaiian Telephone Co.	Purpose of Disbursement telephone svc. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-31-90 7-3-90	Amount of Each Disbursement This Period 175.52 300.00
D. Full Name, Mailing Address and ZIP Code Hawaiian Electric Co. P.O. Box 3978 Hon. Hi 96812	Purpose of Disbursement electricity svc. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-5-90. 8-31-90	Amount of Each Disbursement This Period 415.24 316.86
E. Full Name, Mailing Address and ZIP Code Pacific Information Resources 98-027 Hekaha St. Aiea Hi 96701	Purpose of Disbursement labels Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-5-90	Amount of Each Disbursement This Period 1,405.73.
F. Full Name, Mailing Address and ZIP Code Foremost Dairies Hi P.O. Box 1834 Hon. Hi 96805	Purpose of Disbursement ice cream Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-6-90	Amount of Each Disbursement This Period 162.00
G. Full Name, Mailing Address and ZIP Code Graphic Prep Inc. 1020 Auahi St Hon. Hi 96814	Purpose of Disbursement printing Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-10-90	Amount of Each Disbursement This Period 491.86
H. Full Name, Mailing Address and ZIP Code Cove Enterprise Co. 680 Kakoi St Hon. Hi 96819.	Purpose of Disbursement rental - rally Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-10-90	Amount of Each Disbursement This Period 1650.00
I. Full Name, Mailing Address and ZIP Code Matt Young Enterprise c/o 3107 Hayden St. Hon. Hi 96815	Purpose of Disbursement entertainment Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	Date (month, day, year) 8-10-90.	Amount of Each Disbursement This Period 2200.00

SUBTOTAL of Disbursements This Page (optional)	9395.41.
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KCCN Radio Pioneer Plaza # 400 Hon. Hi 96813	radio advertisement Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-10-90	859.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hanauma Bay Yacht Club. 1060 Young St. #301 Hon. Hi 96814	food Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-13-90	1,443.75
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ross McCanse & Assoc. 3315 Oakdell Rd. Studio City CA. 91604.	production cost Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-13-90	13,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Atlas Insurance 1150 S. King St. # 701 Hon. Hi 96814	insurance. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8.31-90.	759.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Royal Banquet. P.O. Box 88353 Hon. Hi 96815	food Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8.31-90	717.60
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kahala Hilton 5000 Kahala Ave Hon. Hi 96816	hotel - production spec. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8.31-90	1,016.81
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Poly Tees 46-217 Kahuhipa St. Kaneohe Hi 96744	shirts Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-14-90.	143.52
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maui Inc Magazine P.O. Box 425 Kahului Hi 96732	print media Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-90	1,060.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maui News 100 Mahalani Kahului, Hi 96732	print media Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-90	294.00

SUBTOTAL of Disbursements This Page (optional)	19,794.18
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Mufi Hannemann Inc.

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code County of Kauai 4191 Hardy St. Lihue Hi 96766	rental Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	8-3-90 ✓	125.00 50.00
B. Full Name, Mailing Address and ZIP Code Danny Creamer P.O. Box 1844 Lihue Hi 96766	photographer Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special	8-14-90	158.08
C. Full Name, Mailing Address and ZIP Code Eagle Distributors Inc. P.O. Box 30588 Hon. Hi 968	beverage Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	8-17-90	460.56
D. Full Name, Mailing Address and ZIP Code Foodland 4771 Kuhio Hwy Lihue Hi 96766	food Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	8-9-90	96.59.
E. Full Name, Mailing Address and ZIP Code Garden Island Newspaper 3137 Kuhio Hwy Lihue Hi 96766	advertisement Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	8-3-90 8-22-90 8-28-90	325.71 89.00 93.60
F. Full Name, Mailing Address and ZIP Code Hopaco 3145 Oihana St. Lihue Hi 96766	supplies Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special	7-17-90 7-16-90 8-14-90.	32.10 209.51 28.86
G. Full Name, Mailing Address and ZIP Code Kalaheo Liquor 4432 Papalina Rd Kalaheo Hi	beverage Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	7-24-90	312.35
H. Full Name, Mailing Address and ZIP Code Kauai Freight Service 33-257 Kuhio Hwy Lihue Hi 96766	headqtr rent Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	8-3-90	1,400.00
I. Full Name, Mailing Address and ZIP Code Kauai Kitchen. Lihue Hi 96766	food Disbursement for: ☑ Primary ☐ General ☑ Other (specify) special.	8-25-90	252.73

SUBTOTAL of Disbursements This Page (optional) ..... 3734.09.

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 9

FOR LINE NUMBER 17.

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Kauai Office Equipment 3184 Akahi St Lihue Hi 96766	equipment rental. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	7-19-90 8-31-90	187.92 104.17
B. Kauai Screen Prints 3116 Hoolako Bldg G Lihue Hi 96766	shirts Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-17-90	1,775.29
C. Kauai Times P.O. Box 3272 Lihue Hi 96766	print media Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-3-90 8-28-90	464.29 93.41
D. Kauai Times	print media Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-4-90 8-28-90	109.89 109.89
E. Koa Trading Co. P.O. Box 1031 Lihue Hi 96766	food Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	8-31-90	1265.29
F. Pyramid P.O. Box 624 Lawai Hi 96765	entertainment Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-14-90	450.00
G. N. Yoneji Store P.O. Box 1990 Lihue Hi 96766	food Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-3-90 8-3-90 8-28-90	11.92 26.16 199.58
H. Printing Services Corp 3142 Kuhio Hwy Lihue Hi 96766	Printing Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-19-90 8-2-90	189.90 547.10
I. Smith's Motor Boat Service P.O. Box 141 Kapaa Hi 96746	rental Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	8-31-90	600.00

SUBTOTAL of Disbursements This Page (optional) 6184.81

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 9

FOR LINE NUMBER 17.

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Garden Island Newspaper 3137 Kuhio Hwy Lihue Hi 96766	print media. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-19-90 7-11-90	160.00 160.00
B. Venture Associates P.O. Box 158 Eleele Hi 96705	Supplies Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-13-90	498.99
C. Kaanapali Beach Hotel Lahaina Hi 96761.	rally Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-90	570.40
D. Maui Beach Hotel Kahului Hi 96732	luncheon rally Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	8-90	3325.00
E. Joe Asato 1060 Young St. # 301 Hon Hi 96814	food - FR. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-18-90	2000.00 in kind
F. Jimmy Nakata 3490 Ala Hapuu Hon Hi 96818	Food - FR. rallies Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-18-90	1600.00 in kind.
G. Citizens Utilities Co. P.O. Box 278 Eleele Hi 96705	electricity svc. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-4-90 8-9-90	100.00 58.90
H. Hi Tech Leasing Inc 777 Kapiolani Honolulu Hi 96813.	equipment rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7-11-90	306.80
I. Tip Top 3179 Akahi St Lihue Hi 96766	food Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-14-90	189.04

SUBTOTAL of Disbursements This Page (optional)	8,963.15
TOTAL This Period (last page this line number only)	

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 9

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Peter Yukimura 2772 Aneahe St Lihue Hi 96766	food - fundraiser Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	8-11-90	400.00 in kind
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Walter Smiths 174 Wailua Rd Kapaa Hi 96746	food - fundraiser Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-11-90	360.00 in kind
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Samuel Thronas P.O. Box 55 Kapaa Hi 96746.	food - fundraiser Disbursement for: ✓ Primary ☐ General ✓ Other (specify)	8-11-90	350.00 in kind.
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Jasper 3416 Rice St. Lihue Hi 96766.	food - fundraiser Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-11-90	125.00 in kind
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Kim. 4370 Kuhio Hwy Kapaa Hi 96746	food - fundraiser Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	8-11-90	150.00 in kind.
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joan Gribskov- McCool 6136 A Kala Kea Pl. Kapaa Hi 96746	beverage Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-11-90	120.00 in-kind.
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roy Tokujo 98-1932 Hapaki St Aiea Hi 96701.	rental - rally premise. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-12-90	2000.00 in kind.
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kenneth Wong 16th Fl. Bancorp Tower Hon. Hi 96813	carpet - Headquarter. Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special	7-11-90	1,000.00 in kind.
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Fujita 2416 Apoepoe St. Pearl City Hi 96782	Printing Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-15-90	1,700.00 in kind.

SUBTOTAL of Disbursements This Page (optional) 6205.00

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9

FOR LINE NUMBER 17.

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NAME OF COMMITTEE (In Full)

Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
K.S. Fernandez 100 Lumahai St. Hon. Hi 96825	ride entertainment Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-31-90	500.00 in kind
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George D. Baker 1101 Connecticut Ave Washington D.C. 20036	fundraiser Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-31-90	2,000.00 in kind
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michelle Baker 5012 Searsdale Rd. Bethesda MD. 20816	fundraiser Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-31-90	172.45. in kind.
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wendee Geison P.O. Box 3354 Lihue Hi 96766	camp supp., misc exp Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-16-90 7-24-90 8-14-90	200.00 200.00 100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wendee Geison	camp supp., misc exp Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	8-14-90	34.20
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Flags N' Things 1027 Pensacola St. Hon. Hi 96814	flags Disbursement for: ✓ Primary ☐ General ✓ Other (specify) special.	7-7-90	600.02.
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3806.67.
TOTAL This Period (last page this line number only)	184,162.86.

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SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 2 (for LINE NUMBER 10)
(Use separate schedules for each numbered line)

Name of Committee (in Full)
Friends of Mufi Hannemann Inc.

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Muliufi F. Hannemann P.O. Box 1826 Hon / Hi 96805	$8,850.00		$8,850.00

Election: ☒ Primary ☐ General ☒ Other (specify): special.

Terms: Date Incurred 8-24-90. Date Due 8-24-91. Interest Rate 13 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Muliufi F. Hannemann P.O. Box 1826 Hon. Hi 96805	$30,000.00		$30,000.00

Election: ☒ Primary ☐ General ☒ Other (specify): special.

Terms: Date Incurred 8-31-90 Date Due 8-31-91 Interest Rate 13 %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	$38,850.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE D (Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

LINE NUMBER 20
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Mufi Hannemann				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor The Creative Corner 777 Kapiolani Blvd. #2600 Hon. Hi 96813.	6,102.74	72,860.30	78,963.04	0.
Nature of Debt (Purpose): electronic media				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Honolulu Country Club 1690 Ala Puumalu St. Hon. Hi 96818	0	2,500.00	0	2,500.00
Nature of Debt (Purpose): premise rental				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Citizens Utilities Co. P.O. Box 278 Eleele Hi 96705	0.	422.46.	158.90	263.56
Nature of Debt (Purpose): electricity svc.				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Roberts Travel Service 444 Halbron Lane 5th Fl. Hon. Hi 96815	0.	7,210.00	0	7,210.00
Nature of Debt (Purpose): travel				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor R.T. International Inc. 1901 Kapiolani Blvd. Hon. Hi 96826	0	811.00	0	811.00
Nature of Debt (Purpose): travel				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor C. Brewer & Co P.O. Box 1826 Hon. Hi 96805	0	800.00	0	800.00
Nature of Debt (Purpose): rent				

1) SUBTOTALS This Period This Page (optional)	11,584.56
2) TOTAL This Period (last page this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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SCHEDULE D — DEBTS AND OBLIGATIONS — LINE NUMBER 10
(Revised 3/80) — Excluding Loans — (Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Mufi Hannemann Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Lehua Bar & Grill 11 Waianue nue Ave Hilo Hi 96720	0	2,500.00	1,250.00	1,250.00.
Nature of Debt (Purpose): rent.				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Hill & Knowlton / Comm. Pacific 820 Mililani St. 4th Fl. Hon. Hi 96813	0	4832.92	2604.18.	2228.74.
Nature of Debt (Purpose): media consultant.				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				3,478.74
2) TOTAL This Period (last page this line only)				15,069.90
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				38,850.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				53,919.90.

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