

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Abercrombie for Congress

ADDRESS (number and street) c/o 1357 Kapiolani Blvd, Ste. 1005
 Check if different than previously reported. (ACC)
Honolulu HI 96814

2. **FEC IDENTIFICATION NUMBER** C00247379
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
HI 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 11 25 2008 through 12 31 2008

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 Jack Y. Endo

Signature of Treasurer Electronically Filed by Jack Y. Endo Date 01 30 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	995.00	995.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	995.00	995.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	40658.07	45717.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	3336.74	3336.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37321.33	42380.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1072495.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Abercrombie for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

500.00

500.00

(ii) Unitemized.....

495.00

495.00

(iii) TOTAL of contributions

995.00

995.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

995.00

995.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

3336.74

3336.74

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

2965.65

2965.65

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

7297.39

7297.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40658.07	45717.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2500.00	3000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43158.07	48717.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1108356.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	7297.39
25. SUBTOTAL (add Line 23 and Line 24).....	1115653.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43158.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1072495.56

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 19
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Herbert Kobin

Mailing Address 16344 Mira Vista Lane

City State Zip Code
Delray Beach FL 33446

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

Name of Employer Occupation
Coal Corp President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: 90110.C23707

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Citizens for Responsive Government		Date of Receipt
	Mailing Address P.O. Box 23031		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Honolulu	HI	96823-3031
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 90123.C23709 Amount of Each Receipt this Period <input type="text" value="3336.74"/> Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="3336.74"/>	
<input type="checkbox"/> Other (specify) ▼			Note: Rental Income

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3336.74"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3336.74"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 15

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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
First Hawaiian Bank

Mailing Address 1580 Kapiolani Blvd.

City Honolulu State HI Zip Code 96814-

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

Name of Employer N/A Occupation N/A

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1898.19

Date of Receipt 11 / 30 / 2008

Transaction ID: 90123.C23710

Amount of Each Receipt this Period 1898.19

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

Note: Interest Earned

B.

Full Name (Last, First, Middle Initial)
First Hawaiian Bank

Mailing Address 1580 Kapiolani Blvd.

City Honolulu State HI Zip Code 96814-

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

Name of Employer N/A Occupation N/A

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2965.65

Date of Receipt 12 / 31 / 2008

Transaction ID: 90123.C23711

Amount of Each Receipt this Period 1067.46

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

Note: Interest Earned

SUBTOTAL of Receipts This Page (optional)	2965.65
TOTAL This Period (last page this line number only)	2965.65

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Endo & Company, LLC	Transaction ID: 81211.E4826 Date of Disbursement 12 / 10 / 2008
	Mailing Address 1357 Kapiolani Blvd, #1005	Amount of Each Disbursement this Period 9109.94
	City Honolulu State HI Zip Code 96814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ACCOUNTING SERVICES

B.	Full Name (Last, First, Middle Initial) McNeil Wilson Communications, Inc.	Transaction ID: 90110.E4840 Date of Disbursement 12 / 22 / 2008
	Mailing Address Pauahi Tower, Ste 950 1003 Bishop Street	Amount of Each Disbursement this Period 546.55
	City Honolulu State HI Zip Code 96813-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Art Work for Flyers Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ART WORK FOR FLYERS

C.	Full Name (Last, First, Middle Initial) BankCard Center	Transaction ID: 90110.E4833 Date of Disbursement 12 / 22 / 2008
	Mailing Address P.O. Box 29450	Amount of Each Disbursement this Period 112.99
	City Honolulu State HI Zip Code 96820-1850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment [See Below] Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PAYMENT [SEE BELOW]

SUBTOTAL of Disbursements This Page (optional)	9769.48
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) First Hawaiian Bank Mailing Address 1580 Kapiolani Blvd. City Honolulu State HI Zip Code 96814- Purpose of Disbursement Finance Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90123.E4856 Date of Disbursement 12 / 22 / 2008	Amount of Each Disbursement this Period 30.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FINANCE CHARGE
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy Street, S.E. City Washington State DC Zip Code 20003- Purpose of Disbursement Meeting - Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90123.E4857 Date of Disbursement 12 / 22 / 2008	Amount of Each Disbursement this Period 82.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING - MEALS
C.	Full Name (Last, First, Middle Initial) Hawaiian Telcom Mailing Address P. O. Box 30770 City Honolulu State HI Zip Code 96820- Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90110.E4836 Date of Disbursement 12 / 22 / 2008	Amount of Each Disbursement this Period 308.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	308.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 19

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

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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Lezley P. Faleafine

Mailing Address 98-1030 Moanalua Rd, #302

City State Zip Code
Aiea HI 96701-

Purpose of Disbursement
Website Maintenance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81211.E4820
Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

750.00

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

WEBSITE MAINTAINANCE

B.

Full Name (Last, First, Middle Initial)
Ward Plaza - Warehouse LLC

Mailing Address P.O. Box 31000

City State Zip Code
Honolulu HI 96849-

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81211.E4822
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

2898.79

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

RENT

C.

Full Name (Last, First, Middle Initial)
William M. Kaneko

Mailing Address 1040 19th Ave

City State Zip Code
Honolulu HI 96816-

Purpose of Disbursement
Reimbursement [See Below]

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90110.E4841
Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

124.19

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

REIMBURSEMENT [SEE BELOW]

SUBTOTAL of Disbursements This Page (optional) ▶

3772.98

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

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

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

FOR LINE NUMBER: (check only one)

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

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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Orchids Restaurant	Transaction ID: 90123.E4855 Date of Disbursement 12 / 22 / 2008
	Mailing Address 2199 Kalia Road	Amount of Each Disbursement this Period 124.19
	City Honolulu State HI Zip Code 96815-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement MEETING - MEALS Candidate Name	[MEMO ITEM] MEMO: MEETING - MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90110.E4832 Date of Disbursement 12 / 22 / 2008
	Mailing Address P. O. Box 9622	Amount of Each Disbursement this Period 78.13
	City Mission Hills State CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cellular Service Candidate Name	CELLULAR SERVICE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Arrow Mailing Service	Transaction ID: 90110.E4837 Date of Disbursement 12 / 22 / 2008
	Mailing Address P.O. Box 30406	Amount of Each Disbursement this Period 1688.01
	City Honolulu State HI Zip Code 96820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mailing Service Candidate Name	MAILING SERVICE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1766.14
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Abercrombie for Congress

<p>A. Full Name (Last, First, Middle Initial) BankCard Center</p> <p>Mailing Address P.O. Box 29450</p> <p>City Honolulu State HI Zip Code 96820-1850</p> <p>Purpose of Disbursement Credit Card Payment [See Below]</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90110.E4831 Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 619.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD PAYMENT [SEE BELOW]</p>
<p>B. Full Name (Last, First, Middle Initial) Belga Cafe</p> <p>Mailing Address 514 8th Street</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Meeting - Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90123.E4859 Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 501.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING - MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) Bexley Monk Restaurant</p> <p>Mailing Address 2232 E. Main Street</p> <p>City Columbus State OH Zip Code 43209-</p> <p>Purpose of Disbursement MEETING - MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90123.E4860 Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 118.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING - MEALS</p>

SUBTOTAL of Disbursements This Page (optional)	619.96
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Abercrombie for Congress

<p>A. Full Name (Last, First, Middle Initial) Fiorello Consulting</p> <p>Mailing Address 3914 Barcroft Mews Court</p> <p>City Falls Church State VA Zip Code 22041-</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81211.E4825</p> <p>Date of Disbursement 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 7000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONSULTING - FUNDRAISING</p>
<p>B. Full Name (Last, First, Middle Initial) Irene Isa Takizawa</p> <p>Mailing Address 1239 Olomea Street</p> <p>City Honolulu State HI Zip Code 96817-</p> <p>Purpose of Disbursement Administrative Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90110.E4839</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ADMINISTRATIVE SERVICES</p>
<p>C. Full Name (Last, First, Middle Initial) William M. Kaneko</p> <p>Mailing Address 1040 19th Ave</p> <p>City Honolulu State HI Zip Code 96816-</p> <p>Purpose of Disbursement Consulting - Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90110.E4838</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONSULTING - FUNDRAISING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) BankCard Center Mailing Address P.O. Box 29450 City Honolulu State HI Zip Code 96820-1850 Purpose of Disbursement Credit Card Payment [See Below] Candidate Name	Transaction ID: 90110.E4830 Date of Disbursement 12 / 22 / 2008
	Amount of Each Disbursement this Period 803.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PAYMENT [SEE BELOW]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) Asahi Grill Mailing Address 515 Ward Ave City Honolulu State HI Zip Code 96814- Purpose of Disbursement Meeting - Meals Candidate Name	Transaction ID: 90123.E4868 Date of Disbursement 12 / 22 / 2008
	Amount of Each Disbursement this Period 30.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING - MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) First Hawaiian Bank Mailing Address 1580 Kapiolani Blvd. City Honolulu State HI Zip Code 96814- Purpose of Disbursement Finance Charge Candidate Name	Transaction ID: 90123.E4858 Date of Disbursement 12 / 22 / 2008
	Amount of Each Disbursement this Period 32.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FINANCE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	803.63
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Abercrombie for Congress

<p>A. Full Name (Last, First, Middle Initial) Hawaiian Airlines</p> <p>Mailing Address 3375 Koapaka Street, G-350</p> <p>City Honolulu State HI Zip Code 96819-</p> <p>Purpose of Disbursement Travel Cost - Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90123.E4861 Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 280.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRAVEL COST - AIRFARE</p>
<p>B. Full Name (Last, First, Middle Initial) Kincaids Restaurant</p> <p>Mailing Address 1050 Ala Moana Blvd</p> <p>City Honolulu State HI Zip Code 96814-</p> <p>Purpose of Disbursement Meeting - Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90123.E4867 Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 155.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING - MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) Times Supermarket - Kahala</p> <p>Mailing Address 1173 21st Ave</p> <p>City Honolulu State HI Zip Code 96816-</p> <p>Purpose of Disbursement Refreshments for Election Night</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90123.E4863 Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 82.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: REFRESHMENTS FOR ELECTION NIGHT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 19

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

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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Manoa Grand Ballroom Mailing Address P.O. Box 861597 City State Zip Code Wahiawa HI 96786- Purpose of Disbursement Catering Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81211.E4823 Date of Disbursement 12 / 10 / 2008 Amount of Each Disbursement this Period 7285.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING SERVICE
B.	Full Name (Last, First, Middle Initial) Alston Hunt Floyd & Ing Lawyers Mailing Address American Savings Bank Tower 1001 Bishop St, 18th Floor City State Zip Code Honolulu HI 96813- Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90110.E4827 Date of Disbursement 12 / 12 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL SERVICES
C.	Full Name (Last, First, Middle Initial) Perkins Coie LLP Mailing Address 1201 Third Ave, 40th Floor City State Zip Code Seattle WA 98101- Purpose of Disbursement Legal Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81211.E4824 Date of Disbursement 12 / 10 / 2008 Amount of Each Disbursement this Period 3121.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	11406.34
TOTAL This Period (last page this line number only) ▶	40447.27

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 19

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

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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Democratic Party of Hawaii

Mailing Address 1050 Ala Moana Blvd #D26

City Honolulu State HI Zip Code 96814-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90110.E4828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	0	8

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Endo & Company, LLC			Nature of Debt (Purpose): Accounting Services
Mailing Address 1357 Kapiolani Blvd, #1005			
City Honolulu	State HI	ZIP Code 96814-	

Outstanding Balance Beginning This Period <input type="text" value="9109.94"/>		Transaction ID: LS81211.E4826	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9109.94"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor William M. Kaneko			Nature of Debt (Purpose): Consulting - Fundraising
Mailing Address 1040 19th Ave			
City Honolulu	State HI	ZIP Code 96816-	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>		Transaction ID: LS90110.E4838	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Irene Isa Takizawa			Nature of Debt (Purpose): Administrative Services
Mailing Address 1239 Olomea Street			
City Honolulu	State HI	ZIP Code 96817-	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>		Transaction ID: LS90110.E4839	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 / 19	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Manoa Grand Ballroom			Nature of Debt (Purpose): Catering Service
Mailing Address P.O. Box 861597			
City Wahiawa	State HI	ZIP Code 96786-	

Outstanding Balance Beginning This Period		Transaction ID: LS81211.E4823	
7285.34			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	7285.34	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00