

# 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  
FRIENDS OF AMATA

ADDRESS (number and street) POST OFFICE BOX 6171  
 Check if different than previously reported. (ACC)  
PAGO PAGO AS 96799

2. **FEC IDENTIFICATION NUMBER** C00393041  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
AS 00

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 07 01 2008 through 09 30 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 Mr. Michael Lawrence Usle, Sr.

Signature of Treasurer Electronically Filed by Mr. Michael Lawrence Usle, Sr. Date 12 18 2008

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

FRIENDS OF AMATA

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	30772.75	83339.77
(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)).....	30772.75	83339.77
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	26135.84	77565.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26135.84	77565.31
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>4588.50</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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  
FRIENDS OF AMATA

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

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).....

27585.25

72149.47

(ii) Unitemized.....

1187.50

5640.30

(iii) TOTAL of contributions

28772.75

77789.77

from individuals..... ▶

0.00

2300.00

(b) Political Party Committees.....

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

2000.00

3250.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))

30772.75

83339.77

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.).....

0.00

0.00

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

0.00

0.00

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

30772.75

83339.77

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	26135.84	77565.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	2962.50
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26135.84	80527.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-48.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	30772.75
25. SUBTOTAL (add Line 23 and Line 24).....	30724.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26135.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4588.50

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 33  
(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)  
FRIENDS OF AMATA

**A.** Full Name (Last, First, Middle Initial)  
Anna Marie Canepa  
Mailing Address 6378 Rockhurst Drive  
City San Diego State CA Zip Code 92120  
FEC ID number of contributing federal political committee. C

Date of Receipt MM / DD / YYYY  
07 / 16 / 2008  
Transaction ID: SA11AI.5178  
Amount of Each Receipt this Period 2300.00

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

Name of Employer Self Employed Occupation Housewife  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Chang  
Mailing Address 55 Westview Road  
City Wayne State NJ Zip Code 07470  
FEC ID number of contributing federal political committee. C

Date of Receipt MM / DD / YYYY  
07 / 25 / 2008  
Transaction ID: SA11AI.5180  
Amount of Each Receipt this Period 2300.00

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

Name of Employer Topline Products Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

**C.** Full Name (Last, First, Middle Initial)  
James Finete  
Mailing Address 15601 Whiteoak Lane  
City Huntington Beach State CA Zip Code 92647  
FEC ID number of contributing federal political committee. C

Date of Receipt MM / DD / YYYY  
08 / 29 / 2008  
Transaction ID: SA11AI.5194  
Amount of Each Receipt this Period 2300.00

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

Name of Employer Self Employed Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 6900.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 33  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

**A.** Full Name (Last, First, Middle Initial)  
Jeanette Finete  
Mailing Address 1101 Fleetridge Drive  
City San Diego State CA Zip Code 92106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt 08 / 01 / 2008  
Transaction ID: SA11AI.5188  
Amount of Each Receipt this Period 2300.00  
Cash  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jose Fuentes  
Mailing Address 308 Riverview Avenue  
City Annapolis State MD Zip Code 21403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Reed Smith Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: SA11AI.5206  
Amount of Each Receipt this Period 250.00  
Cash  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bill Gibson  
Mailing Address 718 N. Marine Drive  
City Tamuning State GU Zip Code 96913  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Guam's Employer's Council Occupation Executive Director  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 07 / 16 / 2008  
Transaction ID: SA11AI.5174  
Amount of Each Receipt this Period 250.00  
Cash  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2800.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

**A.** Full Name (Last, First, Middle Initial)  
Roland Glenister

Mailing Address 3813 Buffalo Trail

City State Zip Code  
Temple TX 76504

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

Name of Employer Union Pacific Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.5346

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
moni glenister

Mailing Address 3813 Buffalo Trail

City State Zip Code  
Temple TX 76504

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.5514

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Claudia Kaecher

Mailing Address 4038 E. Monte Vista Rd.

City State Zip Code  
Phoenix AZ 85008-3113

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

Name of Employer Southwest Airlines Occupation Ticket Agent

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1768.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2008

**Transaction ID:** SA11AI.5348

Amount of Each Receipt this Period  
505.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5105.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

**A.** Full Name (Last, First, Middle Initial)  
Jay Kim  
Mailing Address 1484 Broadstone Place  
City State Zip Code  
Veinna VA 22182  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Retired Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2008  
Transaction ID: SA11AI.5202  
Amount of Each Receipt this Period  
500.00  
Cash  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gary Legenza  
Mailing Address 4792 Mt LaPalma Drive  
City State Zip Code  
San Diego CA 92117  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Pacific Princess Partners-hip Fisherman  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2008  
Transaction ID: SA11AI.5182  
Amount of Each Receipt this Period  
2300.00  
Cash  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Benedetto Marzella  
Mailing Address P.O. Box 1185  
City State Zip Code  
San Pedro CA 90733  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Purse Seiner Samoa Manager  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2008  
Transaction ID: SA11AI.5168  
Amount of Each Receipt this Period  
500.00  
Cash  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl Schuster		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address P.O. Box 1793		<b>Transaction ID:</b> SA11AI.5340
	City Pago Pago	State AS	Zip Code 96799
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2250.00
	Name of Employer Self Employed	Occupation Self Employed	In-kind - Advertising <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Salote Schuster		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address P.O. Box 1793		<b>Transaction ID:</b> SA11AI.5414
	City Pago Pago	State AS	Zip Code 96799
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2250.00
	Name of Employer Self Employed	Occupation Small Business Owner	In-kind - Advertising <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Christine Toretta		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 2428 Oak Drive		<b>Transaction ID:</b> SA11AI.5208
	City Indiana	State PA	Zip Code 15701
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Jack Drilling Company	Occupation CEO	Cash <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 33  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

**A.** Full Name (Last, First, Middle Initial)  
Jim Winey  
 Mailing Address 3 Black Oak  
 City State Zip Code  
 St. Paul MN 55127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stereo Speaker Manufacturing Owner  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2008  
**Transaction ID:** SA11AI.5338  
 Amount of Each Receipt this Period  
 2240.25  
 In-kind - Room Rental  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kay Winey  
 Mailing Address 2 Black Oak  
 City State Zip Code  
 St. Paul MN 55127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Landlord  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2008  
**Transaction ID:** SA11AI.5518  
 Amount of Each Receipt this Period  
 2240.00  
 In-kind - Room rental  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4480.25**  
**TOTAL** This Period (last page this line number only) ..... ► **27585.25**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 33
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<b>A.</b>	Full Name (Last, First, Middle Initial) REPUBLICAN MEMBER SENATE FUND	Date of Receipt
	Mailing Address 8801 Lehman	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City State Zip Code Montague MI 49437	<b>Transaction ID:</b> SA11C.5204
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00413872"/>	Amount of Each Receipt this Period <input type="text" value="2000.00"/>
	Name of Employer Occupation	Cash
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2000.00"/>

# 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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bank of Hawaii</p> <p>Mailing Address P.O. Box 69</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Bank ATM Fees: One week</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5335</p> <p>Date of Disbursement 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of Hawaii</p> <p>Mailing Address P.O. Box 69</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Bank ATM Fees</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5250</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of Hawaii</p> <p>Mailing Address P.O. Box 69</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Bank fees</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5214</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

77.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of Hawaii  Mailing Address P.O. Box 69  City Pago Pago State AS Zip Code 96799  Purpose of Disbursement ATM fees Candidate Name FRIENDS OF AMATA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5215 Date of Disbursement 09 / 22 / 2008  Amount of Each Disbursement this Period 4.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T Bank  Mailing Address 601 13th St NW  City Washington State DC Zip Code 20005-3807  Purpose of Disbursement petty cash Candidate Name FRIENDS OF AMATA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5369 Date of Disbursement 07 / 18 / 2008  Amount of Each Disbursement this Period 60.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T Bank  Mailing Address 601 13th St NW  City Washington State DC Zip Code 20005-3807  Purpose of Disbursement Bank fee Candidate Name FRIENDS OF AMATA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5271 Date of Disbursement 08 / 12 / 2008  Amount of Each Disbursement this Period 8.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

72.95

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) BB&amp;T Bank</p> <p>Mailing Address 601 13th St NW</p> <p>City Washington State DC Zip Code 20005-3807</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5249</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 14.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BB&amp;T Bank</p> <p>Mailing Address 601 13th St NW</p> <p>City Washington State DC Zip Code 20005-3807</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5216</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BB&amp;T Bank</p> <p>Mailing Address 601 13th St NW</p> <p>City Washington State DC Zip Code 20005-3807</p> <p>Purpose of Disbursement On Line Service Fee</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5217</p> <p>Date of Disbursement 09 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 8.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

67.95

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cost U Less</p> <p>Mailing Address P.O. Box 2002</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Food, supplies</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5273</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 43.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cost U Less</p> <p>Mailing Address P.O. Box 2002</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Food, Supplies</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5251</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 83.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DDW Cafe</p> <p>Mailing Address</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Food</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5218</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 6.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

132.79

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<b>A.</b>	Full Name (Last, First, Middle Initial) Deluxe Cafe  Mailing Address  City State Zip Code Pago Pago AS 96799  Purpose of Disbursement Food  Candidate Name FRIENDS OF AMATA  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5240 Date of Disbursement 08 / 27 / 2008  Amount of Each Disbursement this Period 27.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Roland Glenister  Mailing Address 3813 Buffalo Trail  City State Zip Code Temple TX 76504  Purpose of Disbursement In-kind - Campaign Signs  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5347 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) moni glenister`  Mailing Address 3813 Buffalo Trail  City State Zip Code Temple TX 76504  Purpose of Disbursement In-kind - campaign posters  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5516 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

4627.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

A.

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

Transaction ID: SB17.5277  
Date of Disbursement

Mailing Address P.O. Box 30008

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

City Honolulu State HI Zip Code 96820

Amount of Each Disbursement this Period

1673.30
---------

Purpose of Disbursement  
Air ticket

Category/ Type
-------------------

Candidate Name  
FRIENDS OF AMATA

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

Office Sought:  House  Senate  President  
State: AS District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

B.

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

Transaction ID: SB17.5229  
Date of Disbursement

Mailing Address P.O. Box 30008

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

City Honolulu State HI Zip Code 96820

Amount of Each Disbursement this Period

679.90
--------

Purpose of Disbursement  
Air Fare

Category/ Type
-------------------

Candidate Name  
FRIENDS OF AMATA

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

Office Sought:  House  Senate  President  
State: AS District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
K.S Mart

Transaction ID: SB17.5261  
Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

City Pago Pago State AS Zip Code 96799

Amount of Each Disbursement this Period

41.78
-------

Purpose of Disbursement  
Supplies

Category/ Type
-------------------

Candidate Name  
FRIENDS OF AMATA

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

Office Sought:  House  Senate  President  
State: AS District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

2394.98
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**TOTAL** This Period (last page this line number only) ..... ▶

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# 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 18 / 33

<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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Claudia Kaecher</p> <p>Mailing Address 4038 E. Monte Vista Rd.</p> <p>City Phoenix State AZ Zip Code 85008-3113</p> <p>Purpose of Disbursement In-kind - Air tickets</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5350</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 505.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KKSBS FM</p> <p>Mailing Address P.O. Box 793</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5321</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450</p> <p>Purpose of Disbursement Air Ticket</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5243</p> <p>Date of Disbursement 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 266.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1021.65

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450</p> <p>Purpose of Disbursement Airline Baggage</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5239</p> <p>Date of Disbursement 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450</p> <p>Purpose of Disbursement Air Fare</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5222</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nuuuli Service Station</p> <p>Mailing Address P.O. Box 5006</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Gas for Rental</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5255</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 38.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

103.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash ANZ Bank</p> <p>Mailing Address P.O. Box 1000</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5355</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 203.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash ANZ Bank</p> <p>Mailing Address P.O. Box 1000</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5353</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 43.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash ANZ Bank</p> <p>Mailing Address P.O. Box 1000</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5352</p> <p>Date of Disbursement 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 63.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

309.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash ANZ Bank</p> <p>Mailing Address P.O. Box 1000</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5351</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 203.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash ANZ Bank</p> <p>Mailing Address P.O. Box 1000</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5334</p> <p>Date of Disbursement 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 103.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash ANZ Bank</p> <p>Mailing Address P.O. Box 1000</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5328</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 203.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

509.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5371</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 82.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5357</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 82.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5358</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 102.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

267.50

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5354</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 62.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5318</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5317</p> <p>Date of Disbursement 08 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 182.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

370.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

A.	Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii	Transaction ID: SB17.5316 Date of Disbursement																			
	Mailing Address Bank of Hawaii ATM	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	8												
	City State Zip Code Pago Pago AS 96799	Amount of Each Disbursement this Period <table border="1"><tr><td>162.50</td></tr></table>	162.50																		
162.50																					
	Purpose of Disbursement Petty Cash	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Candidate Name FRIENDS OF AMATA	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii	Transaction ID: SB17.5315 Date of Disbursement																			
	Mailing Address Bank of Hawaii ATM	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
	City State Zip Code Pago Pago AS 96799	Amount of Each Disbursement this Period <table border="1"><tr><td>145.00</td></tr></table>	145.00																		
145.00																					
	Purpose of Disbursement Petty Cash	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Candidate Name FRIENDS OF AMATA	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii	Transaction ID: SB17.5313 Date of Disbursement																			
	Mailing Address Bank of Hawaii ATM	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
	City State Zip Code Pago Pago AS 96799	Amount of Each Disbursement this Period <table border="1"><tr><td>165.00</td></tr></table>	165.00																		
165.00																					
	Purpose of Disbursement Petty Cash	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Candidate Name FRIENDS OF AMATA	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>472.50</td></tr></table>	472.50
472.50		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	



# 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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5314</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 182.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5312</p> <p>Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 202.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5311</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

510.00

**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

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FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5310</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 142.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash Bank of Hawaii</p> <p>Mailing Address Bank of Hawaii ATM</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5309</p> <p>Date of Disbursement 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 202.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ranchero Federal</p> <p>Mailing Address 8530 Stanton</p> <p>City Buena Park State CA Zip Code 90750</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5332</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 204.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

549.00

**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 27 / 33

<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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Samoa News</p> <p>Mailing Address P.O. Box 909</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5323</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 272.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Samoa News</p> <p>Mailing Address P.O. Box 909</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5282</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Samoa News</p> <p>Mailing Address P.O. Box 909</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5319</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1097.62

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Samoa News</p> <p>Mailing Address P.O. Box 909</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5276</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Samoa Sports</p> <p>Mailing Address P.O. Box 565</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Rent for campaign headquarters</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5330</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carl Schuster</p> <p>Mailing Address P.O. Box 1793</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement In-kind - Advertising</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5342</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3060.00</b>
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Salote Schuster</p> <p>Mailing Address P.O. Box 1793</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement In-kind - Advertising</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5415</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Seaside Service Station</p> <p>Mailing Address</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Gas for Rental</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5272</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 64.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) South Seas Broadcasting, Inc.</p> <p>Mailing Address Post Office Box 6758</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Radio Advertising</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5511</p> <p>Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2614.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

A.	Full Name (Last, First, Middle Initial) Tisa's barefoot bar	Transaction ID: SB17.5274 Date of Disbursement 08 / 08 / 2008
	Mailing Address	Amount of Each Disbursement this Period 57.00
	City: Pago Pago State: AS Zip Code: 96799	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Food, meetings Candidate Name: FRIENDS OF AMATA Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Tisa's barefoot bar	Transaction ID: SB17.5308 Date of Disbursement 08 / 18 / 2008
	Mailing Address	Amount of Each Disbursement this Period 43.00
	City: Pago Pago State: AS Zip Code: 96799	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Food, Meetings Candidate Name: FRIENDS OF AMATA Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Triple Gas Express	Transaction ID: SB17.5300 Date of Disbursement 07 / 03 / 2008
	Mailing Address: P.O. Box 125	Amount of Each Disbursement this Period 40.00
	City: Pago Pago State: AS Zip Code: 96799	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Gas Candidate Name: FRIENDS OF AMATA Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	140.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) Triple Gas Express</p> <p>Mailing Address P.O. Box 125</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Gas for vehicle</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5370</p> <p>Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 34.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Triple Gas Express</p> <p>Mailing Address P.O. Box 125</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5278</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Triple Gas Express</p> <p>Mailing Address P.O. Box 125</p> <p>City Pago Pago State AS Zip Code 96799</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name FRIENDS OF AMATA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5275</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 48.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

102.00

**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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

A.	Full Name (Last, First, Middle Initial) Triple Gas Express  Mailing Address P.O. Box 125  City Pago Pago State AS Zip Code 96799 Purpose of Disbursement Gas for Rental Candidate Name FRIENDS OF AMATA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5258 Date of Disbursement 08 / 20 / 2008  Amount of Each Disbursement this Period 61.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Triple Gas Express  Mailing Address P.O. Box 125  City Pago Pago State AS Zip Code 96799 Purpose of Disbursement Gasoline Candidate Name FRIENDS OF AMATA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5234 Date of Disbursement 09 / 05 / 2008  Amount of Each Disbursement this Period 85.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Jim Winey  Mailing Address 3 Black Oak  City St. Paul State MN Zip Code 55127 Purpose of Disbursement In-kind - Room Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5339 Date of Disbursement 09 / 07 / 2008  Amount of Each Disbursement this Period 2240.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2386.85

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 33 / 33

<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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF AMATA

A.

Full Name (Last, First, Middle Initial)  
Kay Winey

Transaction ID: SB17.5519

Date of Disbursement

Mailing Address 2 Black Oak

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	8

City State Zip Code  
St. Paul MN 55127

Amount of Each Disbursement this Period

2240.00
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Purpose of Disbursement  
In-kind - Room rental

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Category/  
Type

Candidate Name

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

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

2240.00
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TOTAL This Period (last page this line number only) .....

23124.79
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