

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 01 01 2009 through 03 31 2009

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 04 14 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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	11019.17	12014.17
(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)).....	11019.17	12014.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	99451.49	145168.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3336.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	99451.49	141832.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	961952.33	
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).....	722.51	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Abercrombie for Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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).....

0.00

500.00

(ii) Unitemized.....

9.00

504.00

(iii) TOTAL of contributions

9.00

1004.00

from individuals..... ▶

10.17

10.17

(b) Political Party Committees.....

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

11000.00

11000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

11019.17

12014.17

(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

0.00

0.00

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

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

0.00

3336.74

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

1107.65

4073.30

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

12126.82

19424.21

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	99451.49	145168.94
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.....	23218.56	26218.56
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	122670.05	171387.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1072495.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	12126.82
25. SUBTOTAL (add Line 23 and Line 24).....	1084622.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	122670.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	961952.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 36
(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)
Democratic Congressional Campaign Comm.

Mailing Address 430 South Capitol Street, S.E.

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer
N/A

Occupation
N/A

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

10.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: 90414.C23726

Amount of Each Receipt this Period
10.17

In-Kind

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

Fundraising Services

SUBTOTAL of Receipts This Page (optional)	▶	10.17
TOTAL This Period (last page this line number only)	▶	10.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Marty Meehan for Congress Committee

Mailing Address 75 Princeton Street

City State Zip Code
North Chelmsford MA 01863

FEC ID number of contributing federal political committee. C C00270041

Name of Employer
Marty Meehan for Congress Comm

Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 25 / 2009

Transaction ID: 90327.C23714

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
General Dynamics Voluntary PCP

Mailing Address 2941 Fairview Park Drive #100

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing federal political committee. C C00078451

Name of Employer

Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 06 / 2009

Transaction ID: 90408.C23715

Amount of Each Receipt this Period 5000.00

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

C.

Full Name (Last, First, Middle Initial)
Leadership 21

Mailing Address 6849 Old Dominion Drive #222

City State Zip Code
Mc Lean VA 22101

FEC ID number of contributing federal political committee. C C00327239

Name of Employer

Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y Y
01 / 05 / 2009

Transaction ID: 90408.C23716

Amount of Each Receipt this Period 5000.00

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

SUBTOTAL of Receipts This Page (optional) 11000.00

TOTAL This Period (last page this line number only) 11000.00

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

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

FOR LINE NUMBER: PAGE 7 / 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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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 ▼ 3595.63
Date of Receipt 01 / 31 / 2009
Transaction ID: 90408.C23723
Amount of Each Receipt this Period 629.98
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 ▼ 3942.82
Date of Receipt 02 / 28 / 2009
Transaction ID: 90408.C23724
Amount of Each Receipt this Period 347.19
Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Note: Interest Earned

C. 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 ▼ 4073.30
Date of Receipt 03 / 31 / 2009
Transaction ID: 90408.C23725
Amount of Each Receipt this Period 130.48
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) ► 1107.65
TOTAL This Period (last page this line number only) ► 1107.65

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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Hawaiian Host, Inc.

Mailing Address 15601 South Avalon Blvd.

City State Zip Code
Gardena CA 90248-

Purpose of Disbursement
Promotion - Candies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90130.E4871
Date of Disbursement

01 / 28 / 2009

Amount of Each Disbursement this Period

360.00

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

PROMOTION - CANDIES

B.

Full Name (Last, First, Middle Initial)
RON/GLO & Associates

Mailing Address P.O. Box 1521

City State Zip Code
Pearl City HI 96782-

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90113.E4846
Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

778.00

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

ADVERTISING

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 Cost [See Below]

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90327.E4892
Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

122.74

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

REIMBURSEMENT COST [SEE BELOW]

SUBTOTAL of Disbursements This Page (optional)

1260.74

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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Hawaii Prince Hotel	Transaction ID: 90408.E4946 Date of Disbursement 02 / 11 / 2009
	Mailing Address 100 Holomoana Street	Amount of Each Disbursement this Period 72.86
	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) Hilton Hawaiian Village	Transaction ID: 90408.E4944 Date of Disbursement 02 / 11 / 2009
	Mailing Address 2005 Kalia Road	Amount of Each Disbursement this Period 7.00
	City Honolulu State HI Zip Code 96815-1999	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking fee Candidate Name	[MEMO ITEM] MEMO: PARKING FEE
	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) Storquest - Kakaako	Transaction ID: 90327.E4877 Date of Disbursement 02 / 03 / 2009
	Mailing Address 850 Kawaiahao Street, #4th Floor	Amount of Each Disbursement this Period 129.01
	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 Storage Fee Candidate Name	STORAGE FEE
	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)	129.01
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)

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<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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Herbert Chun dba LVHawaii Mailing Address 1717 Mott-Smith Drive, #1506 City Honolulu State HI Zip Code 96822- Purpose of Disbursement Computer Consulting 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: 90327.E4894 Date of Disbursement 02 / 11 / 2009 Amount of Each Disbursement this Period 1567.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPUTER CONSULTING
B.	Full Name (Last, First, Middle Initial) Hawaii Hochi, Ltd. Mailing Address 917 Kokea Street City Honolulu State HI Zip Code 96817-4528 Purpose of Disbursement New Year Advertising 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: 90327.E4887 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 424.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NEW YEAR ADVERTISING
C.	Full Name (Last, First, Middle Initial) Irene Isa Takizawa Mailing Address 1239 Olomea Street City Honolulu State HI Zip Code 96817- Purpose of Disbursement Reimbursement [See Below] 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: 90327.E4908 Date of Disbursement 02 / 28 / 2009 Amount of Each Disbursement this Period 477.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT [SEE BELOW]

SUBTOTAL of Disbursements This Page (optional) ▶

2468.90

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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Kakaako Kitchen	Transaction ID: 90408.E4954 Date of Disbursement 02 / 28 / 2009
	Mailing Address 1200 Ala Moana Blvd #135	Amount of Each Disbursement this Period 477.32
	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 Meetings - Meals Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEETINGS - MEALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BankCard Center	Transaction ID: 90327.E4900 Date of Disbursement 02 / 24 / 2009
	Mailing Address P.O. Box 29450	Amount of Each Disbursement this Period 820.77
	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	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CREDIT CARD PAYMENT [SEE BELOW]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BankCard Center	Transaction ID: 90408.E4953 Date of Disbursement 02 / 24 / 2009
	Mailing Address P.O. Box 29450	Amount of Each Disbursement this Period 29.89
	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 Finance Charge Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: FINANCE CHARGE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	820.77
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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Belga Cafe Mailing Address 514 8th Street City Washington State DC Zip Code 20003- Purpose of Disbursement Meetings - 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: 90408.E4951 Date of Disbursement 02 / 24 / 2009 Amount of Each Disbursement this Period 426.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETINGS - MEALS
B.	Full Name (Last, First, Middle Initial) House Members Dinning Mailing Address Longworth Building City Washington State DC Zip Code 20510- Purpose of Disbursement Meals during session 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: 90408.E4974 Date of Disbursement 02 / 24 / 2009 Amount of Each Disbursement this Period 267.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS DURING SESSION
C.	Full Name (Last, First, Middle Initial) Storquest - Kakaako Mailing Address 850 Kawaihahao Street, #4th Floor City Honolulu State HI Zip Code 96813- Purpose of Disbursement Storage Fee 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.E4843 Date of Disbursement 01 / 02 / 2009 Amount of Each Disbursement this Period 129.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE FEE

SUBTOTAL of Disbursements This Page (optional)	129.01
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)
Abercrombie for Congress

A.

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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90113.E4848
Date of Disbursement

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

Amount of Each Disbursement this Period

4	2	0	4	.	2	5
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LEGAL SERVICES

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
Jan - Feb Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90327.E4899
Date of Disbursement

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

Amount of Each Disbursement this Period

5	8	9	7	.	3	8
---	---	---	---	---	---	---

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

JAN - FEB RENT

C.

Full Name (Last, First, Middle Initial)
Endo & Company, LLC

Mailing Address 1357 Kapiolani Blvd, #1005

City State Zip Code
Honolulu HI 96814-

Purpose of Disbursement
Accounting Services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90327.E4906
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

1	4	9	2	.	1	5
---	---	---	---	---	---	---

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

ACCOUNTING SERVICES

SUBTOTAL of Disbursements This Page (optional)

1	1	5	9	3	.	7	8
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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)

<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)
Abercrombie for Congress

A.	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: 90327.E4883 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 301.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Ward Plaza - Warehouse LLC Mailing Address P.O. Box 31000 City Honolulu State HI Zip Code 96849- Purpose of Disbursement Electricity Charges for Dec & Jan 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: 90327.E4923 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 199.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ELECTRICITY CHARGES FOR DEC & JAN
C.	Full Name (Last, First, Middle Initial) Autumn Publishing, Inc. Mailing Address P.O. Box 1530 City Vienna State VA Zip Code 22183- Purpose of Disbursement Christmas Cards & Shipping Cost 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: 90327.E4878 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 5498.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CHRISTMAS CARDS & SHIPPING COST

SUBTOTAL of Disbursements This Page (optional)	5999.13
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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Sodexo, Inc & Affiliates	Transaction ID: 90408.E4930 Date of Disbursement 03 / 28 / 2009
	Mailing Address 2465 Campus Rd, Rm 220A	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96822-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catered Event - 01/20/09	CATERED EVENT - 01/20/09
	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) ▼

B.	Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: 90327.E4912 Date of Disbursement 03 / 10 / 2009
	Mailing Address 850 Kawaiahao Street, #4th Floor	Amount of Each Disbursement this Period 129.01
	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 Storage Fee	STORAGE FEE
	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) ▼

C.	Full Name (Last, First, Middle Initial) Endo & Company, LLC	Transaction ID: 90113.E4849 Date of Disbursement 01 / 12 / 2009
	Mailing Address 1357 Kapiolani Blvd, #1005	Amount of Each Disbursement this Period 5130.89
	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	ACCOUNTING 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) ▼

SUBTOTAL of Disbursements This Page (optional)	6259.90
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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Transaction ID: 90327.E4879
Date of Disbursement

Mailing Address P. O. Box 9622

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

City Mission Hills State CA Zip Code 91346-9622

Amount of Each Disbursement this Period

83.55

Purpose of Disbursement
Cellular Service

Category/ Type

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

Candidate Name

CELLULAR SERVICE

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hawaiian Host, Inc.

Transaction ID: 90110.E4845
Date of Disbursement

Mailing Address 15601 South Avalon Blvd.

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

City Gardena State CA Zip Code 90248-

Amount of Each Disbursement this Period

380.16

Purpose of Disbursement
Promotion - Candies

Category/ Type

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

Candidate Name

PROMOTION - CANDIES

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BankCard Center

Transaction ID: 90327.E4927
Date of Disbursement

Mailing Address P.O. Box 29450

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

City Honolulu State HI Zip Code 96820-1850

Amount of Each Disbursement this Period

3251.87

Purpose of Disbursement
Credit Card Payment [See Below]

Category/ Type

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

Candidate Name

CREDIT CARD PAYMENT [SEE BELOW]

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3715.58

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)

<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)
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 Finance Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90408.E4964</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 21.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FINANCE CHARGE</p>
<p>B. Full Name (Last, First, Middle Initial) Dirksen Store</p> <p>Mailing Address Dirksen Senate Bldg, SDB -01</p> <p>City Washington State DC Zip Code 20510-</p> <p>Purpose of Disbursement Flag box for fallen soldier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90408.E4966</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 69.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FLAG BOX FOR FALLEN SOLDIER</p>
<p>C. Full Name (Last, First, Middle Initial) Fontainebleau Resort</p> <p>Mailing Address 4441 Collins Ave</p> <p>City Miami State FL Zip Code 33140-</p> <p>Purpose of Disbursement Travel - Hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90408.E4959</p> <p>Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 234.87</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 - HOTEL</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)

<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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Kingsmill Resort

Mailing Address 1010 Kingsmill Road

City Williamsburg State VA Zip Code 23185-

Purpose of Disbursement
Hotel for Conference

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90408.E4960
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Amount of Each Disbursement this Period

975.00

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

[MEMO ITEM]

MEMO: HOTEL FOR CONFERENCE

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
Meetings - Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90408.E4965
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

Amount of Each Disbursement this Period

233.13

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

[MEMO ITEM]

MEMO: MEETINGS - MEALS

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034-

Purpose of Disbursement
Travel - Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90408.E4958
Date of Disbursement

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

Amount of Each Disbursement this Period

1278.20

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

[MEMO ITEM]

MEMO: TRAVEL - AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
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: 90327.E4888 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 125.12</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) FedEx Kinko</p> <p>Mailing Address 590 Queen Street</p> <p>City Honolulu State HI Zip Code 96813-5014</p> <p>Purpose of Disbursement Printing</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: 90408.E4949 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 57.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: PRINTING</p>
<p>C. Full Name (Last, First, Middle Initial) Hawaii Hochi, Ltd.</p> <p>Mailing Address 917 Kokea Street</p> <p>City Honolulu State HI Zip Code 96817-4528</p> <p>Purpose of Disbursement New Year 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90327.E4886 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 419.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>NEW YEAR ADVERTISING</p>

SUBTOTAL of Disbursements This Page (optional)	544.96
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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) First Hawaiian Bank <hr/> Mailing Address 1580 Kapiolani Blvd. <hr/> City Honolulu State HI Zip Code 96814- <hr/> Purpose of Disbursement Bank Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90408.E4937 Date of Disbursement 01 / 21 / 2009	Amount of Each Disbursement this Period 417.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK CHARGES
B.	Full Name (Last, First, Middle Initial) Endo & Company, LLC <hr/> Mailing Address 1357 Kapiolani Blvd, #1005 <hr/> City Honolulu State HI Zip Code 96814- <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E4872 Date of Disbursement 01 / 28 / 2009	Amount of Each Disbursement this Period 1256.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES
C.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address P. O. Box 9622 <hr/> City Mission Hills State CA Zip Code 91346-9622 <hr/> Purpose of Disbursement Cellular Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90327.E4901 Date of Disbursement 02 / 24 / 2009	Amount of Each Disbursement this Period 82.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR SERVICE

SUBTOTAL of Disbursements This Page (optional)	1756.97
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)
Abercrombie for Congress

<p>A. Full Name (Last, First, Middle Initial) Kauai Kookie</p> <p>Mailing Address P.O. Box 68</p> <p>City Eleele State HI Zip Code 96705-</p> <p>Purpose of Disbursement Promotional - Cookies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90327.E4882</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="992.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PROMOTIONAL - COOKIES</p>
<p>B. Full Name (Last, First, Middle Initial) IMS, Inc.</p> <p>Mailing Address 1625 K Street, NW; 11th Floor</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement Legislative Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90113.E4847</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LEGISLATIVE RESEARCH</p>
<p>C. 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 Reimb Cost [See Below]</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90327.E4925</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="89.38"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMB COST [SEE BELOW]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="14082.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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)
Abercrombie for Congress

A.	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: 90408.E4979 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 89.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING - MEALS
B.	Full Name (Last, First, Middle Initial) Alston Hunt Floyd & Ing Lawyers Mailing Address 18th Floor ASB Tower 1001 Bishop Street City Honolulu State HI Zip Code 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: 90327.E4884 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 2519.21 <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) BankCard Center Mailing Address P.O. Box 29450 City Honolulu State HI Zip Code 96820-1850 Purpose of Disbursement Credit Card Payment 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: 90122.E4851 Date of Disbursement 01 / 16 / 2009 Amount of Each Disbursement this Period 113.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶	2632.64
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)
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: 90327.E4926 Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1560.24</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) FedEx Kinkos</p> <p>Mailing Address 2575 S. King Street</p> <p>City Honolulu State HI Zip Code 96826-</p> <p>Purpose of Disbursement Copying charges</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: 90408.E4967 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 36.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: COPYING CHARGES</p>
<p>C. Full Name (Last, First, Middle Initial) Gaku Sushi Izakaya</p> <p>Mailing Address 1329 S King Street</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: 90408.E4973 Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 309.16</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)	1560.24
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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Hawaiian Airlines	Transaction ID: 90408.E4969 Date of Disbursement MM / DD / YYYY 02 / 14 / 2009
	Mailing Address 3375 Koapaka Street, G-350	Amount of Each Disbursement this Period 934.80
	City Honolulu State HI Zip Code 96819-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Cost - Airfare	[MEMO ITEM] MEMO: TRAVEL COST - AIRFARE
	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) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90408.E4928 Date of Disbursement MM / DD / YYYY 03 / 28 / 2009
	Mailing Address P. O. Box 9622	Amount of Each Disbursement this Period 89.60
	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	CELLULAR SERVICE
	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) ▼

C.	Full Name (Last, First, Middle Initial) Fiorello Consulting	Transaction ID: 90327.E4875 Date of Disbursement MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 3914 Barcroft Mews Court	Amount of Each Disbursement this Period 143.35
	City Falls Church State VA Zip Code 22041-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimb Cost [See Below]	REIMB COST [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) ▼

SUBTOTAL of Disbursements This Page (optional)	232.95
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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Johnny Half Shell

Mailing Address 400 North Capitol St NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement Meeting - Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90408.E4978
Date of Disbursement

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

Amount of Each Disbursement this Period

143.35

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

[MEMO ITEM]

MEMO: MEETING - MEALS

B.

Full Name (Last, First, Middle Initial)
Ryan Ozawa

Mailing Address P.O. Box 61639

City Honolulu State HI Zip Code 96839-

Purpose of Disbursement Consulting - Consolidate Database
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90122.E4852
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Amount of Each Disbursement this Period

800.00

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

CONSULTING - CONSOLIDATE DATABASE

C.

Full Name (Last, First, Middle Initial)
Fiorello Consulting

Mailing Address 3914 Barcroft Mews Court

City Falls Church State VA Zip Code 22041-

Purpose of Disbursement Consulting - Fundraising
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90327.E4874
Date of Disbursement

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

Amount of Each Disbursement this Period

3500.00

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

CONSULTING - FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶

4300.00

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)

<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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Central Pacific Bank	Transaction ID: 90327.E4910 Date of Disbursement 02 / 28 / 2009
	Mailing Address 818 Keeaumoku Street	Amount of Each Disbursement this Period 4312.00
	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 Form 1120POL Candidate Name	FORM 1120POL
	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) Ward Plaza - Warehouse LLC	Transaction ID: 90130.E4870 Date of Disbursement 01 / 28 / 2009
	Mailing Address P.O. Box 31000	Amount of Each Disbursement this Period 51.51
	City Honolulu State HI Zip Code 96849-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Electricity Charges for Nov Candidate Name	ELECTRICITY CHARGES FOR NOV
	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) William M. Kaneko	Transaction ID: 90327.E4914 Date of Disbursement 03 / 14 / 2009
	Mailing Address 1040 19th Ave	Amount of Each Disbursement this Period 9420.03
	City Honolulu State HI Zip Code 96816-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Dec - Feb Candidate Name	FUNDRAISING DEC - FEB
	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)	13783.54
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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Hawaii Pacific Press

Mailing Address 1306 Pali Hwy

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
January 1st Issue Advertising
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90408.E4929
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	9	

Amount of Each Disbursement this Period

470.00

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

JANUARY 1ST ISSUE ADVERTISING

B.

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

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90327.E4893
Date of Disbursement

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

Amount of Each Disbursement this Period

401.88

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

CREDIT CARD PAYMENT [SEE BELOW]

C.

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
Meetings - Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90408.E4950
Date of Disbursement

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

Amount of Each Disbursement this Period

401.88

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

[MEMO ITEM]
MEMO: MEETINGS - MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

871.88

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)

<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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Hyperspective Studios, Inc.

Mailing Address 875 Waimanu St #217

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
Website design

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90327.E4907

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

888.25

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

WEBSITE DESIGN

B.

Full Name (Last, First, Middle Initial)
Manoa Grand Ballroom

Mailing Address P.O. Box 861597

City Wahiawa State HI Zip Code 96786-

Purpose of Disbursement
Finance Charge

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90327.E4880

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

76.90

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

FINANCE CHARGE

C.

Full Name (Last, First, Middle Initial)
Loomis - ISC

Mailing Address Pioneer Plaza, Ste 350
900 Fort Street Mall

City Honolulu State HI Zip Code 96813-

Purpose of Disbursement
Media Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90327.E4905

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

1650.00

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

MEDIA SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

2615.15

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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Endo & Company, LLC Mailing Address 1357 Kapiolani Blvd, #1005 City Honolulu State HI Zip Code 96814- Purpose of Disbursement Accounting 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: 90327.E4911 Date of Disbursement 02 / 28 / 2009 Amount of Each Disbursement this Period 8743.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES	
B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc. Mailing Address 205 Pennsylvania Ave, SE City Washington State DC Zip Code 20003- Purpose of Disbursement Software Support 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: 90327.E4922 Date of Disbursement 03 / 20 / 2009 Amount of Each Disbursement this Period 1800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE SUPPORT	
C.	Full Name (Last, First, Middle Initial) Ward Plaza - Warehouse LLC Mailing Address P.O. Box 31000 City Honolulu State HI Zip Code 96849- Purpose of Disbursement Electricity Charges for Feb 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: 90408.E4932 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 97.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ELECTRICITY CHARGES FOR FEB	

SUBTOTAL of Disbursements This Page (optional) ▶

10641.04

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)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Fiorello Consulting

Transaction ID: 90110.E4842
Date of Disbursement

Mailing Address 3914 Barcroft Mews Court

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

City Falls Church State VA Zip Code 22041-

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement
Consulting - Fundraising

Category/Type

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CONSULTING - FUNDRAISING

State: District:

B.

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

Transaction ID: 90327.E4903
Date of Disbursement

Mailing Address P. O. Box 30770

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

City Honolulu State HI Zip Code 96820-

Amount of Each Disbursement this Period

302.12

Purpose of Disbursement
Telephone Service

Category/Type

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE SERVICE

State: District:

C.

Full Name (Last, First, Middle Initial)
Alston Hunt Floyd & Ing Lawyers

Transaction ID: 90408.E4933
Date of Disbursement

Mailing Address 18th Floor ASB Tower
1001 Bishop Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

City Honolulu State HI Zip Code 96813-

Amount of Each Disbursement this Period

1029.84

Purpose of Disbursement
Legal Services

Category/Type

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

LEGAL SERVICES

State: District:

SUBTOTAL of Disbursements This Page (optional)

4831.96

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)

<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)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: 90327.E4913 Date of Disbursement 03 / 10 / 2009
	Mailing Address 1201 Third Ave, 40th Floor	Amount of Each Disbursement this Period 2429.50
	City Seattle State WA Zip Code 98101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Services	Category/Type
	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) ▼
		LEGAL SERVICES

B.	Full Name (Last, First, Middle Initial) IMS, Inc.	Transaction ID: 90113.E4850 Date of Disbursement 01 / 12 / 2009
	Mailing Address 1625 K Street, NW; 11th Floor	Amount of Each Disbursement this Period 4079.97
	City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimb Travel Cost	Category/Type
	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) ▼
		REIMB TRAVEL COST

C.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: 90327.E4876 Date of Disbursement 02 / 02 / 2009
	Mailing Address 1201 Third Ave, 40th Floor	Amount of Each Disbursement this Period 2260.00
	City Seattle State WA Zip Code 98101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Legal Services	Category/Type
	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) ▼
		LEGAL SERVICES

SUBTOTAL of Disbursements This Page (optional)	8769.47
TOTAL This Period (last page this line number only)	98999.62

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 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

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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 DONATION - TOYS FOR TOT EVENT</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90408.E4943</p> <p>Date of Disbursement 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 418.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) CABA Hawaii</p> <p>Mailing Address P.O. Box 13138</p> <p>City Aiea State HI Zip Code 96701-</p> <p>Purpose of Disbursement CHARITABLE DONATION</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90327.E4915</p> <p>Date of Disbursement 03 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Senator Suzanne Chun Oakland</p> <p>Mailing Address State Capitol , Rm 226 415 So Beretania St</p> <p>City Honolulu State HI Zip Code 96813-</p> <p>Purpose of Disbursement DONATION - ALOHA AINA EARTH DAY</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90408.E4934</p> <p>Date of Disbursement 03 / 31 / 2009</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) ▶

1718.56

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)

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<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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm. <hr/> Mailing Address 430 South Capitol Street, S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement 2009 CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90327.E4898 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Democratic Party of Hawaii <hr/> Mailing Address 1050 Ala Moana Blvd #D26 <hr/> City Honolulu State HI Zip Code 96814- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90327.E4895 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Hawaii County Democratic Party <hr/> Mailing Address P O Box 491 <hr/> City Kailua Kona State HI Zip Code 96745- <hr/> Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90327.E4897 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	11500.00
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 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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Hawaii Friends of Civil Rights Mailing Address P O Box 11946 City Honolulu State HI Zip Code 96828- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90327.E4890 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Honpa Hongwanji Mission of Hawaii Mailing Address 1727 Pali Highway City Honolulu State HI Zip Code 96813- Purpose of Disbursement CHARITABLE DONATION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90327.E4889 Date of Disbursement 02 / 09 / 2009 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maui Democratic Party Mailing Address P O Box 790656 City Paia State HI Zip Code 96779- Purpose of Disbursement NONFEDERAL CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90327.E4896 Date of Disbursement 02 / 16 / 2009 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

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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)

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<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

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NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Planned Parenthood of Hawaii

Transaction ID: 90327.E4891

Date of Disbursement

Mailing Address 1350 S. King Street #309

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

City Honolulu State HI Zip Code 96814-

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
CHARITABLE DONATION

--

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: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

22218.56

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

(Use separate schedule(s) for each numbered line)	PAGE 36 / 36
	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): Catered Event
Mailing Address P.O. Box 861597			
City Wahiawa	State HI	ZIP Code 96786-	

Outstanding Balance Beginning This Period		Transaction ID: LS90414.E4980	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
722.51	0.00	722.51	

1) SUBTOTALS This Period This Page (optional).....	722.51
2) TOTALS This Period (last page this line number only).....	722.51
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)	722.51