



**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 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 56705.50                | 562767.19                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 1000.00                 | 6000.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 55705.50                | 556767.19                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 50096.28                | 453907.03                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 2838.20                 | 4557.97                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 47258.08                | 449349.06                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 555400.51               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 2000.00                 |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

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 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

**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).....

14100.00

231675.00

(ii) Unitemized.....

1085.00

12010.00

(iii) TOTAL of contributions

15185.00

243685.00

from individuals..... ▶

20.50

82.19

(b) Political Party Committees.....

41500.00

319000.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

56705.50

562767.19

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

2838.20

4557.97

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

879.51

2939.26

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

60423.21

570264.42

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 50096.28                              | 453907.03                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 1000.00                               | 6000.00                                    |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1000.00                               | 6000.00                                    |
| 21. OTHER DISBURSEMENTS.....   | 3378.00                               | 30531.00                                   |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | <b>54474.28</b>                       | <b>490438.03</b>                           |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 549451.58 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 60423.21  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 609874.79 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 54474.28  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 555400.51 |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 5 / 46</span> |                              |
|  | (check only one)  |                              |
| <input type="checkbox"/> 11a   | <input checked="" type="checkbox"/> 11b                         | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a                                    | <input type="checkbox"/> 13b |
|  |   | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Comm.

Mailing Address 430 South Capitol Street

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
82.19

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

**Transaction ID:** 60413.C21061

Amount of Each Receipt this Period  
20.50

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

Fundraising services

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 20.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 20.50 |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 46                  |
|  | <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert Dewitz

Mailing Address 2234 Hoonee Place

City Honolulu State HI Zip Code 96821

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

Name of Employer HSI Electric Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60411.C21036

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Dewitz

Mailing Address 2234 Hoonee Place

City Honolulu State HI Zip Code 96821

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

Name of Employer HSI Electric Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60411.C21037

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
A. Bernard Bays

Mailing Address 1099 Alakea St 16th Floor

City Honolulu State HI Zip Code 96813

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

Name of Employer Bays Deaver Hiatt Lung Rose Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60411.C21031

Amount of Each Receipt this Period  
400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4600.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 46                  |
|  | <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Walter Dods, JR

Mailing Address 214 Wailupe Circle

City Honolulu State HI Zip Code 96821-1523

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

Name of Employer Retired Occupation N/A

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60411.C21035

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)  
Bert Kobayashi

Mailing Address 1001 Bishop St Pauahi 1570

City Honolulu State HI Zip Code 96813

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

Name of Employer Kobayashi Dev. Group LLC Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60411.C21033

Amount of Each Receipt this Period  
2000.00

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

Note: See Debt

**C.** Full Name (Last, First, Middle Initial)  
Bert Kobayashi

Mailing Address 1001 Bishop St Pauahi 1570

City Honolulu State HI Zip Code 96813

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

Name of Employer Kobayashi Dev. Group LLC Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60411.C21032

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3100.00**

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

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

|  |   |             |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 / 46 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                |             |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |             |

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bert Kobayashi</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006   |  |
| Mailing Address 1001 Bishop St Pauahi 1570  |  | Transaction ID: 60411.C21059   |  |
| City State Zip Code<br>Honolulu HI 96813  |  | Amount of Each Receipt this Period<br>1900.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Kobayashi Dev. Group LLC  |  | Occupation<br>Chairman   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>6000.00  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Morongo Band of Mission Indians</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 06 / 2006   |  |
| Mailing Address P.O. Box 366  |  | Transaction ID: 60109.C20972   |  |
| City State Zip Code<br>Cabazon CA 92230-0366  |  | Amount of Each Receipt this Period<br>100.00   |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>N/A   |  | Occupation<br>N/A  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>2100.00  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Morongo Band of Mission Indians</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 06 / 2006   |  |
| Mailing Address P.O. Box 366  |  | Transaction ID: 60404.C21007   |  |
| City State Zip Code<br>Cabazon CA 92230-0366  |  | Amount of Each Receipt this Period<br>900.00   |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>N/A   |  | Occupation<br>N/A  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>3000.00  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 46                  |
|  | <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bennete Evangelista

Mailing Address 98-2009 H Kaahumanu Street

City State Zip Code  
Aiea HI 96701

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

Name of Employer Occupation  
Actus LendLease Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

**Transaction ID:** 60109.C20969

Amount of Each Receipt this Period  
400.00

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

**B.** Full Name (Last, First, Middle Initial)  
Theodore Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code  
Fairfax Station VA 22039-1909

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

Name of Employer Occupation  
Strategic Marketing Innovation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

**Transaction ID:** 60109.C20971

Amount of Each Receipt this Period  
900.00

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

**C.** Full Name (Last, First, Middle Initial)  
Theodore Lynch

Mailing Address 10507 Clipper Drive

City State Zip Code  
Fairfax Station VA 22039-1909

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

Name of Employer Occupation  
Strategic Marketing Innovation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

**Transaction ID:** 60404.C21004

Amount of Each Receipt this Period  
100.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 10 / 46                 |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Peter Koziol

Mailing Address 3826 Poka Street

City Honolulu State HI Zip Code 96816

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

Name of Employer Actus Lend Lease LLC Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 60109.C20970

Amount of Each Receipt this Period  
2100.00

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

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2100.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 14100.00 |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 11 / 46                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Intl Brotherhood of Boilermakers LEAP

Mailing Address 753 State Ave, #565

City State Zip Code  
Kansas City KS 66101-2511

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2006

**Transaction ID:** 60404.C21012

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Intl Brotherhood of Boilermakers LEAP

Mailing Address 753 State Ave, #565

City State Zip Code  
Kansas City KS 66101-2511

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2006

**Transaction ID:** 60406.C21026

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Intl Longshoremens Assn COPE

Mailing Address 17 Battery Place, Ste. 930

City State Zip Code  
New York NY 10004-1207

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 06 / 2006

**Transaction ID:** 60109.C20978

Amount of Each Receipt this Period  
-2500.00

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

ITEMIZED Note: Returned ck

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>-1500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 / 46 |
|  | <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Intl Longshoremens Assn COPE

Mailing Address 17 Battery Place, Ste. 930

City State Zip Code  
New York NY 10004-1207

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

**Transaction ID:** 60404.C21022

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Society of Assn Exec PAC

Mailing Address 15751 I Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60411.C21039

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sugar Cane Growers Coop PAC

Mailing Address P.O. Box 666

City State Zip Code  
Belle Glade FL 33430

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60411.C21040

Amount of Each Receipt this Period  
500.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 13 / 46 |
|  | <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
MINN-DAK Farmers Coop PAC

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075-9698

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 60411.C21044

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)  
Supporters of Engineers Local 3 PAC

Mailing Address 1620 S. Loop Drive

City Alameda State CA Zip Code 94501

FEC ID number of contributing federal political committee. **C** C00024422

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 2 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 60404.C21015

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dairy Farmers of America DEPAC

Mailing Address 10220 N. Ambassador Drive

City Kansas City State MO Zip Code 64153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 60109.C20975

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 / 46 |
|  | <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
UAW V-CAP

Mailing Address 8000 East Jefferson Ave

City State Zip Code  
Detroit MI 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2006

**Transaction ID:** 60404.C21011

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)  
UAW V-CAP

Mailing Address 8000 East Jefferson Ave

City State Zip Code  
Detroit MI 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60411.C21042

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MEBA PAF

Mailing Address 444 N. Capitol Street #800

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 06 / 2006

**Transaction ID:** 60109.C20973

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 15 / 46                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Great Lakes Sugar Beet Growers PAC

Mailing Address 2600 South Euclid Ave.

City State Zip Code  
Bay City MI 48707

FEC ID number of contributing federal political committee. **C** C00168542

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60408.C21028

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Intl Brotherhood of Teamsters DRIVE

Mailing Address 25 Louisiana Ave, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2006

**Transaction ID:** 60404.C21016

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Am Fed of State County&Muni Emplie AFLCI

Mailing Address 1625 L Street, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 09 / 2006

**Transaction ID:** 60111.C20979

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 16 / 46                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Intl Longshore & Whse Union ILWU PAF

Mailing Address 1188 Franklin Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C** C00176214

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60404.C21019

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)  
Am Fed of Gov Emp PAC AFGE

Mailing Address 80 F Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2006

Transaction ID: 60404.C21021

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Am Fed of Gov Emp PAC AFGE

Mailing Address 80 F Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2006

Transaction ID: 60404.C21020

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 17 / 46                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sheet Metal Workers Intl PAC

Mailing Address 1750 New York Ave, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

**Transaction ID:** 60404.C21023

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
United Food & Comcl Workers Intl Union

Mailing Address 1775 K Street, NW

City State Zip Code  
Washington DC 20006-1598

FEC ID number of contributing federal political committee. **C** C70003645

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 06 / 2006

**Transaction ID:** 60109.C20974

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)  
United Food & Comcl Workers Intl Union

Mailing Address 1775 K Street, NW

City State Zip Code  
Washington DC 20006-1598

FEC ID number of contributing federal political committee. **C** C70003645

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60408.C21029

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>11000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 18 / 46 |
|  | <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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Professional Airways System Specialists

Mailing Address 1150 17th Street, NW #702

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 60408.C21030

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Pilots Association PAC

Mailing Address 499 S. Capitol Street, SW #409

City Washington State DC Zip Code 20003-4023

FEC ID number of contributing federal political committee. **C** C00041061

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 2 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 60404.C21014

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ITPE PAC

Mailing Address 1125 15th Street, NW #501

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00286419

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 60411.C21043

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 19 / 46 |
|  | <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)  
Abercrombie for Congress

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Signalmens Political League</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006   |
| Mailing Address 917 Shenandoah Shores Road  |  | <b>Transaction ID: 60411.C21038</b>  |
| City State Zip Code<br>Front Royal VA 22630   | Amount of Each Receipt this Period<br>500.00 |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00011262  |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Miller Brewing Company PAC</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006   |
| Mailing Address 3939 W. Highland Blvd   |  | <b>Transaction ID: 60411.C21048</b>  |
| City State Zip Code<br>Milwaukee WI 53201-0482  | Amount of Each Receipt this Period<br>500.00 |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00102780  |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Am Shipping Grp Marine Resource Grp PAC</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006   |
| Mailing Address 32001 32nd Ave, S #200  |   | <b>Transaction ID: 60411.C21034</b>  |
| City State Zip Code<br>Auburn WA 98001  | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00411694  |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer  | Occupation                                    |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4000.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 20 / 46                            |
|  | (check only one)             |   |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <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)  
Abercrombie for Congress

**A.** Amer Maritime Officers Voluntary PAF

Full Name (Last, First, Middle Initial)  
Mailing Address 490 L'Enfant Plaza, East, SW # 7

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2006

**Transaction ID:** 60411.C21046

Amount of Each Receipt this Period  
 2500.00

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

**B.** Bayer Corporation PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Bayer Road

City Pittsburgh State PA Zip Code 15205-9741

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2006

**Transaction ID:** 60404.C21018

Amount of Each Receipt this Period  
 1000.00

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

**C.** Synergy PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 6849 Old Dominion Drive, #222

City Mc Lean State VA Zip Code 22101-3724

FEC ID number of contributing federal political committee. **C** C00409623

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2006

**Transaction ID:** 60404.C21025

Amount of Each Receipt this Period  
 5000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>8500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 21 / 46                            |
|  | (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)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
Occidental Petroleum Corp PAC

Mailing Address 10889 Wilshire Blvd.

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer N/A Occupation N/A

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: 60411.C21041

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)  
American Nurses Assn PAC

Mailing Address 8515 Georgia Ave, Ste. 400

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: 60411.C21045

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 41500.00 |

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

|  |                              |                              |  |                             |
|--|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 22 / 46                           |                             |
|  | (check only one)             |                              |  |                             |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d           |                             |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input checked="" type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

**A.** Full Name (Last, First, Middle Initial)  
GGP Kapiolani Development LLC

Mailing Address Mail Code #47760  
P.O. Box 1300

City State Zip Code  
Honolulu HI 96807-1300

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2838.20

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 0 6

Transaction ID: 60301.C21003

Amount of Each Receipt this Period  
2838.20

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2838.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 2838.20 |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 23 / 46 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                                      |              |
|  | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
Abercrombie for Congress

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> First Hawaiian Bank  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6  |  |
| Mailing Address 1580 Kapiolani Blvd.  |  | Transaction ID: 60404.C21006   |  |
| City State Zip Code<br>Honolulu HI 96814-   |  | Amount of Each Receipt this Period<br>291.27   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>N/A N/A  |  | Note: Interest Earned  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>2351.02  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> First Hawaiian Bank  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6  |  |
| Mailing Address 1580 Kapiolani Blvd.  |  | Transaction ID: 60406.C21027   |  |
| City State Zip Code<br>Honolulu HI 96814-   |  | Amount of Each Receipt this Period<br>272.22   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>N/A N/A  |  | Note: Interest Earned  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>2623.24  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> First Hawaiian Bank  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6  |  |
| Mailing Address 1580 Kapiolani Blvd.  |  | Transaction ID: 60411.C21047   |  |
| City State Zip Code<br>Honolulu HI 96814-   |  | Amount of Each Receipt this Period<br>316.02   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Other Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>N/A N/A  |  | Note: Interest Earned  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>2939.26  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>879.51</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>879.51</b> |

**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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hawaiian Telcom</b>   |  | <b>Transaction ID:</b> 60301.E3488<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6  |
| Mailing Address P. O. Box 30770  |  | Amount of Each Disbursement this Period<br>328.37<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96820-   | Category/Type<br>TELEPHONE SERVICE   |  |
| Purpose of Disbursement<br>TELEPHONE SERVICE   | Candidate Name   | TELEPHONE SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Irene Isa Takizawa</b>  |  | <b>Transaction ID:</b> 60404.E3531<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 6  |
| Mailing Address 1239 Olomea Street   |  | Amount of Each Disbursement this Period<br>520.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96817-   | Category/Type<br>SECRETARIAL SERVICE   |  |
| Purpose of Disbursement<br>SECRETARIAL SERVICE   | Candidate Name   | SECRETARIAL SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Manoa Grand Ballroom</b>  |  | <b>Transaction ID:</b> 60404.E3533<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6   |
| Mailing Address P.O. Box 861597  |  | Amount of Each Disbursement this Period<br>1110.46<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wahiawa State HI Zip Code 96786-  | Category/Type<br>CATERING SERVICE  |   |
| Purpose of Disbursement<br>CATERING SERVICE  | Candidate Name   | CATERING SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1958.83     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 46

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Victoria Ward, Limited</b>   |  | Transaction ID: 60109.E3445<br>Date of Disbursement<br>01 / 03 / 2006 |
| Mailing Address P.O. Box 31000  |  | Amount of Each Disbursement this Period<br>2291.47                    |
| City Honolulu State HI Zip Code 96849-5316  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |   |
| Purpose of Disbursement<br>RENT   | Category/Type  | RENT  |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District:   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Herbert Chun dba LVHawaii</b>  |  | Transaction ID: 60404.E3529<br>Date of Disbursement<br>03 / 30 / 2006 |
| Mailing Address 1717 Mott-Smith Drive, #1506  |  | Amount of Each Disbursement this Period<br>520.00                     |
| 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<br>COMPUTER CONSULTING  | Category/Type  | COMPUTER CONSULTING   |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District:   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hawaiian Electric Co., Ltd.</b>  |  | Transaction ID: 60117.E3461<br>Date of Disbursement<br>01 / 17 / 2006 |
| Mailing Address P.O. Box 3978   |  | Amount of Each Disbursement this Period<br>120.30                     |
| City Honolulu State HI Zip Code 96812-3978  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |   |
| Purpose of Disbursement<br>UTILITIES  | Category/Type  | UTILITIES   |
| Candidate Name  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District:   |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2931.77 |
| <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)  
Abercrombie for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Victoria Ward, Limited</b>  |  | Transaction ID: 60301.E3484<br>Date of Disbursement<br>MM / DD / YYYY<br>02 / 01 / 2006 |
| Mailing Address P.O. Box 31000   |  | Amount of Each Disbursement this Period<br>2291.65                                      |
| City Honolulu State HI Zip Code 96849-5316   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>RENT  | Candidate Name   | RENT  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Endo &amp; Company</b>  |  | Transaction ID: 60109.E3452<br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 06 / 2006 |
| Mailing Address 1357 Kapiolani Blvd, #1005   |  | Amount of Each Disbursement this Period<br>3645.81                                      |
| 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<br>ACCOUNTING SERVICE  | Candidate Name   | ACCOUNTING SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | Transaction ID: 60109.E3443<br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 03 / 2006 |
| Mailing Address P. O. Box 9622   |  | Amount of Each Disbursement this Period<br>127.87                                       |
| 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<br>CELLULAR SERVICE  | Candidate Name   | CELLULAR SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6065.33 |
| <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)  
Abercrombie for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RON/GLO &amp; Associates</b>  |  | <b>Transaction ID:</b> 60301.E3492<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 9 / 2 0 0 6  |
| Mailing Address P.O. Box 1521  |  | Amount of Each Disbursement this Period<br>265.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Pearl City State HI Zip Code 96782-   | Purpose of Disbursement<br>ADVERTISING<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ADVERTISING  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. First Hawaiian Bank</b>   |  | <b>Transaction ID:</b> 60404.E3506<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 6 / 2 0 0 6  |
| Mailing Address 1580 Kapiolani Blvd.   |  | Amount of Each Disbursement this Period<br>5.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96814-   | Purpose of Disbursement<br>BANK CHARGE<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BANK CHARGE  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hawaiian Telcom</b>   |  | <b>Transaction ID:</b> 60404.E3521<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6  |
| Mailing Address P. O. Box 30770  |  | Amount of Each Disbursement this Period<br>391.32<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96820-   | Purpose of Disbursement<br>TELEPHONE SERVICE<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE SERVICE  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 661.32 |
| <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)  
Abercrombie for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BankCard Center</b>   |  | <b>Transaction ID:</b> 60301.E3497<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 1 / 2 0 0 6   |
| Mailing Address P.O. Box 29450   |  | Amount of Each Disbursement this Period<br>34.42<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96820-1850   | Purpose of Disbursement<br>CREDIT CARD PAYMENT [SEE BELOW]   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CREDIT CARD PAYMENT [SEE BELOW]   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. First Hawaiian Bank</b>   |  | <b>Transaction ID:</b> 60404.E3515<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 1 / 2 0 0 6   |
| Mailing Address 1580 Kapiolani Blvd.   |  | Amount of Each Disbursement this Period<br>34.42<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96814-   | Purpose of Disbursement<br>BANK CHARGE   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>MEMO: BANK CHARGE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 60404.E3519<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6   |
| Mailing Address P. O. Box 9622   |  | Amount of Each Disbursement this Period<br>94.58<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Mission Hills State CA Zip Code 91346-9622  | Purpose of Disbursement<br>CELLULAR SERVICE  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CELLULAR SERVICE  |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 129.00      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Oceanic Time Warner Cable</b>   |  | <b>Transaction ID: 60117.E3460</b><br>Date of Disbursement<br>01 / 17 / 2006 |
| Mailing Address P.O. Box 30050   |  | Amount of Each Disbursement this Period<br>43.08                             |
| City Honolulu State HI Zip Code 96820-0050   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>CABLE SERVICE   | Candidate Name   | CABLE SERVICE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |  | <b>Transaction ID: 60301.E3487</b><br>Date of Disbursement<br>02 / 03 / 2006 |
| Mailing Address P. O. Box 9622   |  | Amount of Each Disbursement this Period<br>218.08                            |
| 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<br>CELLULAR SERVICE  | Candidate Name   | CELLULAR SERVICE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. First Hawaiian Bank</b>   |  | <b>Transaction ID: 60301.E3481</b><br>Date of Disbursement<br>01 / 27 / 2006 |
| Mailing Address 1580 Kapiolani Blvd.   |  | Amount of Each Disbursement this Period<br>268.00                            |
| 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<br>FORM 1120POL TAX  | Candidate Name   | FORM 1120POL TAX   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 529.16 |
| <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)

PAGE 30 / 46

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hawaiian Host, Inc.</b>   |  | <b>Transaction ID:</b> 60301.E3499<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 6 |
| Mailing Address 15601 South Avalon Blvd.   |  | Amount of Each Disbursement this Period<br>258.00  |
| City Gardena State CA Zip Code 90248-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PROMOTION - CANDIES   | Candidate Name   | PROMOTION - CANDIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Fiorello Consulting</b>   |  | <b>Transaction ID:</b> 60301.E3503<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6 |
| Mailing Address 3914 Barcroft Mews Court   |  | Amount of Each Disbursement this Period<br>3500.00   |
| 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<br>CONSULTING-FUNDRAISING  | Candidate Name   | CONSULTING-FUNDRAISING   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Endo &amp; Company</b>  |  | <b>Transaction ID:</b> 60301.E3480<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 1357 Kapiolani Blvd, #1005   |  | Amount of Each Disbursement this Period<br>1015.62   |
| 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<br>ACCOUNTING SERVICE  | Candidate Name   | ACCOUNTING SERVICE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4773.62 |
| <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)  
Abercrombie for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Hawaiian Host, Inc.</b>   |  | <b>Transaction ID:</b> 60301.E3498<br>Date of Disbursement<br>02 / 20 / 2006 |
| Mailing Address 15601 South Avalon Blvd.   |  | Amount of Each Disbursement this Period<br>122.20                            |
| City Gardena State CA Zip Code 90248-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>PROMOTION-CANDIES   | Candidate Name   | PROMOTION-CANDIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hawaiian Electric Co., Ltd.</b>   |  | <b>Transaction ID:</b> 60301.E3486<br>Date of Disbursement<br>02 / 03 / 2006 |
| Mailing Address P.O. Box 3978  |  | Amount of Each Disbursement this Period<br>65.28                             |
| City Honolulu State HI Zip Code 96812-3978   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>UTILITIES   | Candidate Name   | UTILITIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hawaiian Electric Co., Ltd.</b>   |  | <b>Transaction ID:</b> 60404.E3517<br>Date of Disbursement<br>03 / 14 / 2006 |
| Mailing Address P.O. Box 3978  |  | Amount of Each Disbursement this Period<br>96.74                             |
| City Honolulu State HI Zip Code 96812-3978   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>UTILITIES   | Candidate Name   | UTILITIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 284.22 |
| <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)

PAGE 32 / 46

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Fiorello Consulting</b> |  | Transaction ID: 60301.E3485<br>Date of Disbursement<br>02 / 01 / 2006 |
| Mailing Address 3914 Barcroft Mews Court                                 |  | Amount of Each Disbursement this Period<br>3500.00                    |
| City Falls Church<br>State VA<br>Zip Code 22041-                         | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>CONSULTING-FUNDRAISING                        | Category/<br>Type  | CONSULTING-FUNDRAISING  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. WTMI</b> |  | Transaction ID: 60301.E3491<br>Date of Disbursement<br>02 / 09 / 2006 |
| Mailing Address 1311 Kapiolani Blvd #313                  |  | Amount of Each Disbursement this Period<br>88.54                      |
| City Honolulu<br>State HI<br>Zip Code 96814-              | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>TELEPHONE SYSTEM               | Category/<br>Type  | TELEPHONE SYSTEM  |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. William M. Kaneko</b> |  | Transaction ID: 60301.E3501<br>Date of Disbursement<br>02 / 28 / 2006 |
| Mailing Address 1040 19th Ave  |  | Amount of Each Disbursement this Period<br>3124.98                    |
| City Honolulu<br>State HI<br>Zip Code 96816-                           | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>CONSULTING-FUNDRAISING                      | Category/<br>Type  | CONSULTING-FUNDRAISING  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6713.52 |
| <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)

PAGE 33 / 46

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hawaii Pacific Press</b>  |  | <b>Transaction ID:</b> 60117.E3458<br><b>Date of Disbursement</b><br>01 / 17 / 2006 |
| Mailing Address 1306 Pali Hwy  |  | Amount of Each Disbursement this Period<br>330.00                                   |
| 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<br>ADVERTISING   | Candidate Name   | ADVERTISING   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Arrow Mailing Service</b>   |  | <b>Transaction ID:</b> 60117.E3459<br><b>Date of Disbursement</b><br>01 / 17 / 2006 |
| Mailing Address P.O. Box 30406   |  | Amount of Each Disbursement this Period<br>1685.00                                  |
| City Honolulu State HI Zip Code 96820-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>MAILING SERVICED  | Candidate Name   | MAILING SERVICED  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Democratic Properties Corporation</b>   |  | <b>Transaction ID:</b> 60117.E3456<br><b>Date of Disbursement</b><br>01 / 12 / 2006 |
| Mailing Address 430 South Capitol Street, SE   |  | Amount of Each Disbursement this Period<br>150.00                                   |
| City Washington State DC Zip Code 20003-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>FACILITY RENTAL   | Candidate Name   | FACILITY RENTAL   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2165.00 |
| <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)  
Abercrombie for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Victoria Ward, Limited</b>  |  | <b>Transaction ID: 60301.E3504</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2006 |
| Mailing Address P.O. Box 31000   |  | Amount of Each Disbursement this Period<br>2291.65   |
| City Honolulu State HI Zip Code 96849-5316   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement RENT<br>Candidate Name   | Category/Type  | RENT   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hawaii Hochi, Ltd.</b>  |  | <b>Transaction ID: 60301.E3489</b><br>Date of Disbursement<br>MM / DD / YYYY<br>02 / 09 / 2006 |
| Mailing Address 917 Kokea Street   |  | Amount of Each Disbursement this Period<br>351.54  |
| City Honolulu State HI Zip Code 96817-4528   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement ADVERTISING<br>Candidate Name  | Category/Type  | ADVERTISING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Perkins Coie LLP</b>  |  | <b>Transaction ID: 60404.E3520</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 14 / 2006 |
| Mailing Address 1201 Third Ave, 40th Floor   |  | Amount of Each Disbursement this Period<br>434.00  |
| 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<br>Candidate Name   | Category/Type  | LEGAL SERVICES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3077.19</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)

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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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Perkins Coie LLP</b>  |  | <b>Transaction ID: 60117.E3457</b><br>Date of Disbursement<br>01 / 12 / 2006 |
| Mailing Address 1201 Third Ave, 40th Floor   |  | Amount of Each Disbursement this Period<br>82.50                             |
| 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<br>LEGAL SERVICES  | Candidate Name   | LEGAL SERVICES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hawaii Hochi, Ltd.</b>  |  | <b>Transaction ID: 60301.E3494</b><br>Date of Disbursement<br>02 / 10 / 2006 |
| Mailing Address 917 Kokea Street   |  | Amount of Each Disbursement this Period<br>338.52                            |
| City Honolulu State HI Zip Code 96817-4528   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>ADVERTISING   | Candidate Name   | ADVERTISING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Fiorello Consulting</b>   |  | <b>Transaction ID: 60117.E3455</b><br>Date of Disbursement<br>01 / 12 / 2006 |
| Mailing Address 3914 Barcroft Mews Court   |  | Amount of Each Disbursement this Period<br>1553.57                           |
| 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<br>REIMB TRAVEL COST   | Candidate Name   | REIMB TRAVEL COST  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1974.59 |
| <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)  
Abercrombie for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Manoa Grand Ballroom</b>  |  | <b>Transaction ID: 60404.E3534</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2006   |
| Mailing Address P.O. Box 861597  |  | Amount of Each Disbursement this Period<br>242.54<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City<br>Wahiawa  | State<br>HI  |  |
| Zip Code<br>96786-   | Purpose of Disbursement<br>CATERING SERVICE & PARKING  | CATERING SERVICE & PARKING   |
| Candidate Name   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hawaiian Electric Co., Ltd.</b>                                       |  | <b>Transaction ID: 60109.E3444</b><br>Date of Disbursement<br>MM / DD / YYYY<br>01 / 03 / 2006   |
| Mailing Address P.O. Box 3978  |  | Amount of Each Disbursement this Period<br>134.88<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City<br>Honolulu   | State<br>HI  |  |
| Zip Code<br>96812-3978   | Purpose of Disbursement<br>UTILITIES   | UTILITIES  |
| Candidate Name   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Oceanic Time Warner Cable</b>   |  | <b>Transaction ID: 60404.E3518</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 14 / 2006  |
| Mailing Address P.O. Box 30050   |  | Amount of Each Disbursement this Period<br>43.18<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City<br>Honolulu   | State<br>HI  |   |
| Zip Code<br>96820-0050   | Purpose of Disbursement<br>CABLE SERVICE   | CABLE SERVICE   |
| Candidate Name   | Category/<br>Type  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 420.60 |
| <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)

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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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BankCard Center</b> |  | <b>Transaction ID:</b> 60404.E3526<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 14 / 2006   |
| Mailing Address P.O. Box 29450                                       |  | Amount of Each Disbursement this Period<br>34.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96820-1850                           | CREDIT CARD PAYMENT [SEE BELOW]  |   |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT [SEE BELOW]           |  | Category/Type   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                          |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. First Hawaiian Bank</b> |  | <b>Transaction ID:</b> 60406.E3538<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 14 / 2006   |
| Mailing Address 1580 Kapiolani Blvd.                                     |  | Amount of Each Disbursement this Period<br>34.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96814-                                   | [MEMO ITEM]<br>MEMO: BANK CHARGE   |   |
| Purpose of Disbursement<br>BANK CHARGE                                   |  | Category/Type   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                          |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. William M. Kaneko</b> |  | <b>Transaction ID:</b> 60301.E3482<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>01 / 27 / 2006   |
| Mailing Address 1040 19th Ave  |  | Amount of Each Disbursement this Period<br>3124.98<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96816-                                 | CONSULTING-FUNDRAISING   |   |
| Purpose of Disbursement<br>CONSULTING-FUNDRAISING                      |  | Category/Type   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                            |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3159.42 |
| <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)  
Abercrombie for Congress

|   |  |   |
|---|--|---|
| <b>A. Fiorello Consulting</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3914 Barcroft Mews Court<br>City Falls Church State VA Zip Code 22041-  |  | <b>Transaction ID:</b> 60109.E3442<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 1 / 2 0 0 6   |
| Purpose of Disbursement<br>CONSULTING-FUNDRAISING & REIMBURSEM<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Amount of Each Disbursement this Period<br>3629.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>CONSULTING-FUNDRAISING &amp; REIMBURSEM</b> |

|   |  |  |
|---|--|--|
| <b>B. BankCard Center</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 29450<br>City Honolulu State HI Zip Code 96820-1850  |  | <b>Transaction ID:</b> 60301.E3496<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 6  |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT [SEE BELOW]<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Amount of Each Disbursement this Period<br>940.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>CREDIT CARD PAYMENT [SEE BELOW]</b> |

|   |  |   |
|---|--|---|
| <b>C. First Hawaiian Bank</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1580 Kapiolani Blvd.<br>City Honolulu State HI Zip Code 96814-  |  | <b>Transaction ID:</b> 60404.E3510<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 0 / 2 0 0 6   |
| Purpose of Disbursement<br>BANK CHARGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Amount of Each Disbursement this Period<br>30.52<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br><b>MEMO: BANK CHARGE</b> |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4570.29     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. National Democratic Club</b>  |  | Transaction ID: 60404.E3512<br>Date of Disbursement<br>02 / 20 / 2006  |
| Mailing Address 30 Ivy Street, S.E.  |  | Amount of Each Disbursement this Period<br>119.82  |
| City Washington State DC Zip Code 20003-   | Purpose of Disbursement<br>MEETING - MEALS<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: MEETING - MEALS |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Smith &amp; Wolensky 927</b>  |  | Transaction ID: 60404.E3511<br>Date of Disbursement<br>02 / 20 / 2006  |
| Mailing Address 1112 Nineteenth St. N.W.   |  | Amount of Each Disbursement this Period<br>602.73  |
| City Washington State DC Zip Code 20036-   | Purpose of Disbursement<br>MEETING - MEALS<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: MEETING - MEALS |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Aristotle International, Inc.</b>   |  | Transaction ID: 60109.E3450<br>Date of Disbursement<br>01 / 06 / 2006   |
| Mailing Address 205 Pennsylvania Ave, SE   |  | Amount of Each Disbursement this Period<br>3500.00  |
| City Washington State DC Zip Code 20003-   | Purpose of Disbursement<br>SOFTWARE SUPPORT<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>SOFTWARE SUPPORT |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3500.00 |
| <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)

PAGE 40 / 46

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. H &amp; W Printing</b>  |  | <b>Transaction ID:</b> 60404.E3525<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 3616 Oak Lane  |  | Amount of Each Disbursement this Period<br>114.45   |
| City Mount Rainier State MD Zip Code 20712-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>PRINTING  | Candidate Name   | PRINTING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. H &amp; W Printing</b>  |  | <b>Transaction ID:</b> 60404.E3527<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 3616 Oak Lane  |  | Amount of Each Disbursement this Period<br>1806.98  |
| City Mount Rainier State MD Zip Code 20712-  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>PRINTING  | Candidate Name   | PRINTING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hawaiian Telcom</b>   |  | <b>Transaction ID:</b> 60301.E3500<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address P. O. Box 30770  |  | Amount of Each Disbursement this Period<br>445.55   |
| City Honolulu State HI Zip Code 96820-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>TELEPHONE SERVICE   | Candidate Name   | TELEPHONE SERVICE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2366.98</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)  
Abercrombie for Congress

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BankCard Center</b>   |  | Transaction ID: 60404.E3532<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2006             |  |
| Mailing Address P.O. Box 29450   |  | Amount of Each Disbursement this Period<br>87.96  |  |
| City Honolulu State HI Zip Code 96820-1850   | Purpose of Disbursement<br>CREDIT CARD PAYMENT [SEE BELOW]   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  | CREDIT CARD PAYMENT [SEE BELOW]   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. First Hawaiian Bank</b>   |  | Transaction ID: 60406.E3539<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2006             |  |
| Mailing Address 1580 Kapiolani Blvd.   |  | Amount of Each Disbursement this Period<br>35.02  |  |
| City Honolulu State HI Zip Code 96814-   | Purpose of Disbursement<br>BANK CHARGE   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  | [MEMO ITEM]<br>MEMO: BANK CHARGE  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | Transaction ID: 60406.E3541<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2006             |  |
| Mailing Address P. O. Box 9622   |  | Amount of Each Disbursement this Period<br>52.94  |  |
| City Mission Hills State CA Zip Code 91346-9622  | Purpose of Disbursement<br>CELLULAR SERVICE  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name   | Category/Type  | [MEMO ITEM]<br>MEMO: CELLULAR SERVICE   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 87.96 |
| <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)

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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

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Irene Isa Takizawa</b>  |  | Transaction ID: 60301.E3483<br>Date of Disbursement<br>01 / 27 / 2006  |  |
| Mailing Address 1239 Olomea Street   |  | Amount of Each Disbursement this Period<br>520.00  |  |
| City Honolulu State HI Zip Code 96817-   | Purpose of Disbursement<br>SECRETARIAL SERVICE<br>Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| Category/Type  |  | SECRETARIAL SERVICE  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gregory J. Tiqui</b>  |   | Transaction ID: 60404.E3524<br>Date of Disbursement<br>03 / 14 / 2006  |  |
| Mailing Address 91-810 Apole Place   |   | Amount of Each Disbursement this Period<br>300.00  |  |
| City Ewa Beach State HI Zip Code 96706-  | Purpose of Disbursement<br>INSTALLATION CHARGES<br>Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| Category/Type  |   | INSTALLATION CHARGES   |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. William M. Kaneko</b>   |   | Transaction ID: 60404.E3530<br>Date of Disbursement<br>03 / 30 / 2006  |  |
| Mailing Address 1040 19th Ave  |   | Amount of Each Disbursement this Period<br>3124.98   |  |
| City Honolulu State HI Zip Code 96816-   | Purpose of Disbursement<br>CONSULTING-FUNDRAISING<br>Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
| Category/Type  |   | CONSULTING-FUNDRAISING   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3944.98</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)

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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

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Irene Isa Takizawa</b>   |  | <b>Transaction ID: 60301.E3502</b>                       |   |
| Mailing Address 1239 Olomea Street  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2006 |   |
| City Honolulu   | State HI   | Zip Code 96817-  | Amount of Each Disbursement this Period<br>520.00   |
| Purpose of Disbursement<br>SECRETARIAL SERVICE  |  | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | SECRETARIAL SERVICE   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Oceanic Time Warner Cable</b>  |  | <b>Transaction ID: 60301.E3495</b>                       |   |
| Mailing Address P.O. Box 30050  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2006 |   |
| City Honolulu   | State HI   | Zip Code 96820-0050                                      | Amount of Each Disbursement this Period<br>43.18  |
| Purpose of Disbursement<br>CABLE SERVICE  |  | Category/<br>Type  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | CABLE SERVICE   |
| State: District:  |  |  |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>563.18</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>49876.96</b> |

# 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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of John Barrow</b>  |  | <b>Transaction ID:</b> 60109.E3448<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6   |
| Mailing Address P O Box 48178  |  | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Athens State GA Zip Code 30606-   | Category/Type  |   |
| Purpose of Disbursement<br>2004 GENERAL ELECTION DEBT  |  | 2004 General Election Debt  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Democratic Party of Hawaii</b>  |  | <b>Transaction ID:</b> 60301.E3490<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 9 / 2 0 0 6  |
| Mailing Address 1314 S King Street, G-4  |  | Amount of Each Disbursement this Period<br>800.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96814-   | Category/Type  |  |
| Purpose of Disbursement<br>MAGKAISA FUNDRAISER   |  | 2004 General Election Debt   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. University of Hawaii Foundation</b>   |  | <b>Transaction ID:</b> 60124.E3479<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 4 / 2 0 0 6   |
| Mailing Address UH Office of Public Relations & Sp Events  |  | Amount of Each Disbursement this Period<br>1500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Honolulu State HI Zip Code 96822-   | Category/Type  |   |
| Purpose of Disbursement<br>SCHOLARSHIP FUND  |  | 2004 General Election Debt  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>3300.00</b> |

**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 checked="" 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 Assn of Realtors PAC

Mailing Address 430 N. Michigan Ave

City Chicago State IL Zip Code 60611-4011

Purpose of Disbursement  
Refund of Contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60121.E3467

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

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

1000.00

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

|   |                                      |    |
|---|--------------------------------------|----|
| (Use separate schedule(s) for each numbered line) | PAGE 46 / 46                         |    |
|   | FOR LINE NUMBER:<br>(check only one) |    |
|   | <input type="checkbox"/>             | 9  |
|   | <input checked="" type="checkbox"/>  | 10 |

NAME OF COMMITTEE (In Full)  
 Abercrombie for Congress

|  |  |
|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Bert A. Kobayashi | Nature of Debt (Purpose):<br>Refund contribution |
| Mailing Address 1001 Bishop St Pauahi 1570   |  |
| City State ZIP Code<br>Honolulu HI 96813-  |  |

|   |                                      |   |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period | <b>Transaction ID: LS60705.E3678</b> |   |
| 0.00                                      |                                      |   |
| Amount Incurred This Period               | Payment This Period                  | Outstanding Balance at Close of This Period |
| 2000.00                                   | 0.00                                 | 2000.00                                     |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | 2000.00 |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | 2000.00 |
| 3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....                       |         |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) |         |