

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEC MAIL CENTER

2022 NOV -6 P Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

F R I E N D S , O F M A T T M A T S U N A G A - C O N G R E S S

ADDRESS (number and street)

1 1 8 1 8 1 K A L A K A U A A V E N U E # 1 1 7 0 3

Check if different than previously reported. (ACC)

H O N O L U L U

H I

9 6 8 1 5 -

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 3 8 3 5 6 2

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

H I

0 2

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

0 7 / 0 1 / 2 0 2 1

through

0 9 / 1 3 0 / 2 0 2 1

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Calvin C. Ching

Signature of Treasurer

Calvin C. Ching

Date

1 0 / 1 5 / 2 0 2 1

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

202211040300457880

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name **FRIENDS OF MATT MATSUNAGA - CONGRESS**

Report Covering the Period: From: **07 / 01 / 2021** To: **09 / 30 / 2021**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0 0 0	0 0 0
(b) Total Contribution Refunds (from Line 20(d))	0 0 0	0 0 0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0 0 0	0 0 0
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0 0 0	0 0 0
(b) Total Offsets to Operating Expenditures (from Line 14)	0 0 0	0 0 0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0 0 0	0 0 0
8. Cash on Hand at Close of Reporting Period (from Line 27)	0 0 0	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9 8 9 0 9 9 7	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name

FRIENDS OF MATT MATSUNAGA - CONGRESS

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2021

To:

MM / DD / YYYY
09 / 30 / 2021

I. RECEIPTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

0 0 0

0 0 0

(ii) Unitemized.....

0 0 0

0 0 0

(iii) TOTAL of contributions from individuals ▶

0 0 0

0 0 0

(b) Political Party Committees.....

0 0 0

0 0 0

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

0 0 0

0 0 0

(d) The Candidate.....

0 0 0

0 0 0

(e) TOTAL CONTRIBUTIONS (other than loans)

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

0 0 0

0 0 0

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

0 0 0

0 0 0

13. LOANS:

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

0 0 0

0 0 0

(b) All Other Loans.....

0 0 0

0 0 0

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

0 0 0

0 0 0

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

0 0 0

0 0 0

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

0 0 0

0 0 0

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

0 0 0

0 0 0

NONREVENUE ACCOUNTS

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	0 0 0	0 0 0
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0 0 0	0 0 0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0 0 0	0 0 0
(b) Of All Other Loans	0 0 0	0 0 0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0 0 0	0 0 0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees.....	0 0 0	0 0 0
(c) Other Political Committees (such as PACs).....	0 0 0	0 0 0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0 0 0	0 0 0
21. OTHER DISBURSEMENTS	0 0 0	0 0 0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0 0 0	0 0 0

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0 0 0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0 0 0
25. SUBTOTAL (add Line 23 and Line 24).....	0 0 0
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0 0 0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0 0 0

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

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

FOR LINE NUMBER: PAGE 5 OF 13

11a 12	11b 13a	11c 13b	11d 14	15
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

Full Name (Last, First, Middle Initial) N/A	Date of Receipt										
A. Mailing Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	
City State Zip Code											
FEC ID number of contributing federal political committee. C											
Name of Employer Occupation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period										
Election Cycle-to-Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	

Full Name (Last, First, Middle Initial) N/A	Date of Receipt										
B. Mailing Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	
City State Zip Code											
FEC ID number of contributing federal political committee. C											
Name of Employer Occupation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period										
Election Cycle-to-Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	

Full Name (Last, First, Middle Initial) N/A	Date of Receipt										
C. Mailing Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	
City State Zip Code											
FEC ID number of contributing federal political committee. C											
Name of Employer Occupation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period										
Election Cycle-to-Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M		M	/	D	D	/	Y	Y	Y	Y	

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

NON 11 00 00 00 00 00 00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

Full Name (Last, First, Middle Initial) N/A		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) N/A		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) N/A		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

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

NON-PROFIT ORGANIZATION

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Hawaii Inc.	Nature of Debt (Purpose): Phone
Mailing Address P.O. Box 2200	Transaction ID: LS0201200S8E58
City State Zip Code Honolulu, Hawaii 96841	

Outstanding Balance Beginning This Period 4 3 8 1	Amount Incurred This Period 0 0 0	Payment This Period 0 0 0	Outstanding Balance at Close of This Period 4 3 8 1
---	---	-------------------------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Image Company	Nature of Debt (Purpose): Silk Screen T-Shirts
Mailing Address 720 Laukapu Street	Transaction ID: LS12232X1023E10
City State Zip Code Hilo, Hawaii 96720-	

Outstanding Balance Beginning This Period 5 4 0 6 3	Amount Incurred This Period 0 0 0	Payment This Period 0 0 0	Outstanding Balance at Close of This Period 5 4 0 6 3
---	---	-------------------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Image Company	Nature of Debt (Purpose): Shirts & Banners
Mailing Address 720 Laukapu Street	Transaction ID: LS0203200539E57
City State Zip Code Hilo, Hawaii 96720	

Outstanding Balance Beginning This Period 1 5 6 5 5 1	Amount Incurred This Period 0 0 0	Payment This Period 0 0 0	Outstanding Balance at Close of This Period 1 5 6 5 5 1
---	---	-------------------------------------	---

1) SUBTOTALS This Period This Page (optional)	2,149.95
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

NON-REPRODUCTION

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

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NK Products, LLC.

Nature of Debt (Purpose):
Signs

Mailing Address
944 Akepo Lane

Transaction ID: **LS0201200S87E4S**

City State Zip Code
Honolulu, Hawaii 96817

Outstanding Balance Beginning This Period 4,494.12	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4,494.12
---	-------------------------------------	-----------------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Digital Printers of HI

Nature of Debt (Purpose):
Business Cards; Stickers; Signs

Mailing Address
28 Pookela Street

Transaction ID: **LS020120037E54**

City State Zip Code
Hilo, Hawaii 96720-

Outstanding Balance Beginning This Period 3,715.68	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3,715.68
---	-------------------------------------	-----------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Digital Printers of HI

Nature of Debt (Purpose):
Brochures & Bulkmailing

Mailing Address
28 Pookela Street

Transaction ID: **LS122320023E7**

City State Zip Code
Hilo, Hawaii 96720

Outstanding Balance Beginning This Period 2,502.508	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2,502.508
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1) SUBTOTALS This Period This Page (optional)..... ▶	3,323.488
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

NONN 11100 1000000000

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Digital Printers of HI	Nature of Debt (Purpose): Business Cards
Mailing Address 28 Pookela Street	Transaction ID: LS1223002SE8
City State Zip Code Hilo, Hawaii 96720	

Outstanding Balance Beginning This Period 2,479.2	Payment This Period 0.00	Outstanding Balance at Close of This Period 2,479.2
Amount Incurred This Period 0.00		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pacific Image & Sign	Nature of Debt (Purpose): Banners & Stickers
Mailing Address 720 Laukapu Street	Transaction ID: LS122320023E9
City State Zip Code Hilo, Hawaii 96720-	

Outstanding Balance Beginning This Period 7,937.53	Payment This Period 0.00	Outstanding Balance at Close of This Period 7,937.53
Amount Incurred This Period 0.00		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steve Okina	Nature of Debt (Purpose): Media Layout
Mailing Address 94-1263 Lumikule Street, Unit 21B	Transaction ID: LS020120037E50
City State Zip Code Waipahu, Hawaii 96797	

Outstanding Balance Beginning This Period 1,984.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 1,984.12
Amount Incurred This Period 0.00		

1) SUBTOTALS This Period This Page (optional)	1,016.957
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

NONREVENUE

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Savings Bank	Nature of Debt (Purpose): Maintenance Fee
Mailing Address 1001 Bishop Street	Transaction ID: LS71010.E163
City State Zip Code Honolulu, Hawaii 96813	

Outstanding Balance Beginning This Period 0 0	Payment This Period 0 0 0	Outstanding Balance at Close of This Period 5 6 7
Amount Incurred This Period 5 6 7		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Savings Bank	Nature of Debt (Purpose): Maintenance Fee
Mailing Address 1001 Bishop Street	Transaction ID: LS71010.E164
City State Zip Code Honolulu, Hawaii 96813-	

Outstanding Balance Beginning This Period 0 0 0	Payment This Period 0 0 0	Outstanding Balance at Close of This Period 7 0 0
Amount Incurred This Period 7 0 0		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Savings Bank	Nature of Debt (Purpose): Maintenance Fee
Mailing Address 1001 Bishop Street	Transaction ID: LS71010.E165
City State Zip Code Honolulu, Hawaii 96813	

Outstanding Balance Beginning This Period 0 0 0	Payment This Period 0 0 0	Outstanding Balance at Close of This Period 7 0 0
Amount Incurred This Period 7 0 0		

1) SUBTOTALS This Period This Page (optional)	1 9 6 7
2) TOTALS This Period (last page this line number only)	0 0 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0 0 0

NONN 1110401010000000000

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elizabeth Lum	Nature of Debt (Purpose): Printing; Labels; Aristotle
Mailing Address 3835 Kumu Street	Transaction ID: LS0201200S37E41
City State Zip Code Honolulu, Hawaii 96822	

Outstanding Balance Beginning This Period 2,500.00	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2,500.00
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OmniTrak Group Inc.	Nature of Debt (Purpose): Polls
Mailing Address 841 Bishop Street, Suite 1150	Transaction ID: LS020120037E47
City State Zip Code Honolulu, Hawaii 96813	

Outstanding Balance Beginning This Period 2,632.067	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2,632.067
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LaFave & Associates	Nature of Debt (Purpose): Political Fundraising
Mailing Address 6282 Occoquan Forest Drive	Transaction ID: LS0201200S7E48
City State Zip Code Manassas, VA 20112	

Outstanding Balance Beginning This Period 3,500.00	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3,500.00
--	--	------------------------------------	--

1) SUBTOTALS This Period This Page (optional)	3,232.067
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

NON-FUNCTIONAL DOCUMENT

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joan Bennet & Associates, Inc.	Nature of Debt (Purpose): Media Production
Mailing Address 3300-A Pacific Heights Road	Transaction ID: LS0201200S7E49
City State Zip Code Honolulu, Hawaii 96813	

Outstanding Balance Beginning This Period 1,741,675	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1,741,675
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor QMark	Nature of Debt (Purpose): Custom Packaging of Data
Mailing Address 1001 Bishop Street, American Savings Twr, Flr. 19	Transaction ID: LS020120037E51
City State Zip Code Honolulu, Hawaii 96813	

Outstanding Balance Beginning This Period 1,041,600	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1,041,600
---	--	------------------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Harry Onouye	Nature of Debt (Purpose): Supplies for Hilo Campaign Headquarters
Mailing Address 25 Lueini Street	Transaction ID: LS020120057E52
City State Zip Code Hilo, Hawaii 96720	

Outstanding Balance Beginning This Period 1,073,580	Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1,073,580
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1) SUBTOTALS This Period This Page (optional)	1,953,193
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

NON 11-04-03-0045597

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

FRIENDS OF MATT MATSUNAGA - CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

A1 Inoue

Nature of Debt (Purpose):

Supplies and Entertainment for Rally

Mailing Address

101 Aupuni Street, Suite 1001

City

State

Zip Code

Hilo, Hawaii 96720

Transaction ID: LS0201200S7E53

Outstanding Balance Beginning This Period

1,483.32

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1,483.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1,483.32

2) **TOTALS** This Period (last page this line number only)

9,890.97

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

0.00

2025 RELEASE UNDER E.O. 14176

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER

11/04/22
DATE PREPARED

(3/2015)