FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS



FEC FORM 3 (Revised 02/2003)

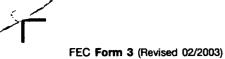
For An Authorized Committee

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1. NAME OF COMMITTEE (in t	TYPE OR PRIN		xample: If typing, ty ver the lines.	pe 12	FE4M5		-
F ₁ R ₁ I ₂ E ₁ N ₁ D ₁ S ₁	$_{\rm I}O_{\rm I}F_{\rm I}$ $M_{\rm I}A_{\rm I}T_{\rm I}T_{\rm I}$	$M_1A_1T_1S_1U_1N_1$	JAGA - CO	$N_i G_i R_i E_i S$	SS		لب
				1.1.1.			لـــــ
ADDRESS (number and	street) 1 1 8 8 8	KALLAKA	MUAL AIVE	N _I U _I E _{1 1} #	1 1710131	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>.</u> .
Check if diffithan previou reported. (AC	sly IHONOI	. ₁ U, L, U,		<u> </u>	[] [9,6,8	B ₁ 1 _{.5}]-	
2. FEC IDENTIFIC	ATION NUMBER V	CITY A		STATE	<u> </u>	ZIP CODE	
C 0 0 3 8	3 5 6 2	3. IS THIS REPORT	X NEW O	R 🛘	AMENDED (A)	STATE ▼ C	0 2
(a) Quarterly Re X April 15 July 15 October January	PORT (Choose One) sports: Quarterly Report (Q1) Quarterly Report (Q2) 15 Quarterly Report (Q3) 31 Year-End Report (YE)	Election of	ST-Election Report	of the:	General (12G) Special (12S) Y Y Y Runoff (30R)	in the State of	ial (30S)
5. Covering Period Ö İ ' O I ' Y2 Y0 Y2 Y2 through Ö İ ' Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Y2 Y2 Through O İ I ' Y2 Y2 Y2 Y2 Y2 Y2 Through O İ İ Y2 Y2 Y2 Y2 Y2 Y2 Y2 Y2 Y2 Y2 Y2 Y2 Y2							
Type or Print Name of	of Treasurer Cal	vin C. Ching			· · · · · · · · · · · · · · · · · · ·		
Signature of treasure				Date	0.4	1. 5 / 2.	
NOTE: Submission of	false, erroneous, or incomp	lete information may	y subject the person	signing this Re	eport to the per	atties of 2 U.S.0). §437g.

FE5AN018

Office

Use Only



SUMMARY PAGE

of Receipts and Disbursements

Page 2

Re	eport	Covering the Period: From: 0 1	′ <u>8 î</u> ′ <u>2 8 2 2 </u> то.	03'31'2'0'22
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
i.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(p)	Total Contribution Refunds (from Line 20(d))	0,00	0 0 0
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0,00
·.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	0 0 0
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0,00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	, 0,00
3.		h on Hand at Close of orting Period (from Line 27)	0_0_0	
).	the	ts and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0_0_0	, 4
0.	the	ts and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	9 8, 9 0 9 9 7	٠.

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

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

FE5AN018

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF MATT MATSUNAGA - CONGRESS

Report Covering the Period: From: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: individuals/Persons Other Than **Political Committees** 0 0 0 0 0 (i) Itemized (use Schedule A)....... 0 0 0 (ii) Unitemized (iii) TOTAL of contributions from individuals (b) Political Party Committees..... Other Political Committees $0...0_{-0}$ (such as PACs)..... 0.0 0.0 (d) The Candidate..... TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))... 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the Candidate..... 0 0 (b) All Other Loans..... TOTAL LOANS 0 .. .0 0. 0... (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0 0 0 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0 0 (Dividends, Interest, etc.) **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)......

FE5AN018

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

COLUMN B COLUMN A II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0,00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0 0 0 0_0_0 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate..... (b) Of All Other Loans TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0 0 Than Political Committees $0 \quad 0$ $0 \quad 0$ Political Party Committees..... Other Political Committees 0 0 0 0 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0 0 0 (add Lines 20(a), (b), and (c))..... 0.0.0 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 0 0 0 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... $0 \cdot 0 \cdot 0$ TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 25. SUBTOTAL (add Line 23 and Line 24)..... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

PAGE 5 of 13 FOR LINE NUMBER: (check only one) Use separate schedule(s) for each category of the 11a 116 11c 11d **Detailed Summary Page**

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 Mailing Address State City Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date **Primary** General Other (specify) Full Name (Last, First, Middle Initial) N/A Date of Receipt В. Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: **Election Cycle-to-Date** Primary General Other (specify) Full Name (Last, First, Middle Initial) N/A Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: **Election Cycle-to-Date Primary** General Other (specify) SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

-	_				
	•				
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	FOR LINE NUMBER: PAGE 6 (check only one) 17 18 19a 20a 20b 20c	OF 13
	y information copied from such Reports and Statements r for commercial purposes, other than using the name and				
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) FRIENDS OF MATT MATS	UNAGA - CON	GRESS		
Α.	Full Name (Last, First, Middle Initial)	//A		Date of Disbursement	······································
	Mailing Address				
	City State	Zip Code	•	Amount of Each Disbursement th	is Period
	Purpose of Disbursement]	-2_ion
	Candidate Name		Category/ Type		
	Office Sought: House Disbursement Forman	··· —			
	Full Name (Last, First, Middle Initial)		 — — — —		
В.	N	/A		Date of Disbursement	,,, ,
	Mailing Address				
	City State	Zip Code		Amount of Each Disbursement th	is Period

	Mailing Address					
	City		State	Zip Code	•	Amount of Each Disbursement this Period
	Purpose of Disbu	rsement	<u> </u>			8 5 8 10M 5 801 8 2 10M
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For: Primary Other (spe	General		
	State:	District: First, Middle Initial)	<u> </u>			
	ruii Name (Last,	riisi, Middle IIIIIai)	NT/ A			Date of Disbursement
B.			N/A			Date of Disbursement
	Mailing Address					
	City		State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbu	rsement				; 1 IAN ; 1 IAN
	Candidate Name				Category/ Type	
	Office Sought:	House Senate President	Disbursement For. Primary Other (spe	General ecify)		
_	State:	District:	<u> </u>			
	Full Name (Last,	First, Middle Initial)				
C.			N/A			Date of Disbursement
	Mailing Address					
	City	···.	State Zip	Code	·	Amount of Each Disbursement this Period
	Purpose of Disbu	ursement		. ,.		5 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
	Candidate Name	· · · ·			Category/ Type	
	Office Sought:	House Senate President	Disbursement For: Primary Other (sp.	General	· · · · · · · · · · · · · · · · · · ·	
	State:	District:				
						
s	UBTOTAL of Dist	bursements This Pag	e (optional)	••••		
1	OTAL This Period	l (last page this line	number only)			

SCHEDULE D (FEC Form 3)	(Use	separate	PAGE 7 OF 13
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NUMBER: (check only one)	
Excluding Loans		pered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) FRIENDS OF MATT MATSUNAGA - CONGRESS	S		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):
Verizon Hawaii Inc.		Phone	
Mailing Address P.O. Box 2200		Transact	ion ID: LS0201200S8E58
City State Zip Code Honolulu, Hawaii 96841			
Outstanding Balance Beginning This Period			
4 3 8 1			
Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Close of This Period
	0 0		4 3 8 1
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):
Pacific Image Company		Silk Scr	een T-Shirts
Mailing Address 720 Laukapu Street		Transacti	ion ID: LS12232X1023E10
City State Zip Code Hilo, Hawaii 96720-			
Outstanding Balance Beginning This Period			
5 4 0 6 3			
Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0 0		5 4 0 6 3
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):
Pacific Image Company		Shirts &	Banners
Mailing Address			
720 Laukapu Street City State Zip Code			
City State Zip Code Hilo, Hawaii 96720		Transact	ion ID: LS0203200539E57
Outstanding Balance Beginning This Period			
1, 5, 6, 5, 5, 1			
Amount Incurred This Period Payment This Period		Outstandi	ng Balance at Close of This Period
0,00	0 0		1, 5, 6, 5, 5, 1
1) SUBTOTALS This Period This Page (optional)	>		2,1,4,9,9,5
2) TOTALS This Period (last page this line number only)	>		0_000
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶		0 0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nly) ▶		0,00

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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
NAME OF COMMITTEE (In Full) FRIENDS OF MATT MATSUNAGA - CONGRES	SS	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature o	f Debt (Purpose):
NK Products, LLC.	Signs	
Mailing Address 944 Akepo Lane	7	15 1 0000100000000
City State Zip Code Honolulu, Hawaii 96817	Iransa	ction ID: LS0201200S87E4S
Outstanding Balance Beginning This Period 4,4,4,9,4,1,2 Amount Incurred This Period Payment This Period 0,0,0,0	Outsta	nding Balance at Close of This Period
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·······	, ,
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Digital Printers of HI		f Debt (Purpose): ess Cards; Stickers; Signs
Mailing Address 28 Pookela Street City State Zip Code Hilo, Hawaii 96720-	Transa	ction ID: LS020120037E54
Outstanding Balance Beginning This Period 3,7,1,5,6,8 Amount Incurred This Period Payment This Period 0,0,0,0	Outsta	nding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature o	f Debt (Purpose):
Digital Printers of HI	Brock	nures & Bulkmailing
Mailing Address 28 Pookela Street		
City State Zip Code Hilo, Hawaii 96720	Transa	action ID: LS122320023E7
Outstanding Balance Beginning This Period	Outsta	nding Balance at Close of This Perioc
0,0,0	0.0	2.5, 0.2.5, 0.8
1) SUBTOTALS This Period This Page (optional)		3 3 2 3 4 8 8
2) TOTALS This Period (last page this line number only)	<u></u>	0.0.0

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

(

SCHED	ULE	D (F	EC	Form	3)
DEBTS	AND	OBL	.IGA	TIONS	}

(Use separate

OF PAGE FOR LINE NUMBER:

EBTS AND OBLIGATIONS	for each	(check only one) 9		
cluding Loans	numbered line)	nbered line) X 10		
AME OF COMMITTEE (In Full) FRIENDS OF MATT MATSUNAGA - CONGRES	S			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Debt (Purpose):		
Digital Printers of HI				
	Business	s Cards		
Mailing Address 28 Pookela Street	Transact	ion ID: LS1223002SE8		
City State Zip Code Hilo, Hawaii 96720	Transact	1011 1D. E312230023E3		
Outstanding Balance Beginning This Period				
2,4.7,9.2				
Amount Incurred This Period Payment This Period	Outstand	ing Balance at Close of This Period		
0,0,0	0.0	<u>, 2, 4, 7, 9, 2</u>		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):		
Pacific Image & Sign	Banners	& Stickers		
Mailing Address 720 Laukapu Street	Transact	ion ID: LS122320023E9		
City State Zip Code Hilo, Hawaii 96720-	Transact	ion ip. Botzzzzoozszy		
Outstanding Balance Beginning This Period				
7 9 3 7 5 3				
Amount Incurred This Period Payment This Period	Outstand	ing Balance at Close of This Period		
0.00	0.0	7,9 3.7 _e 5.3		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):		
Steve Okina	Media I	Layout		
Mailing Address 94-1263 Lumikule Street, Unit 21B				
City State Zip Code Waipahu, Hawaii 96797	Transac	etion ID: LS020120037E50		
Outstanding Balance Beginning This Period				
1,98.4,1.2				
Amount Incurred This Period Payment This Period	Outstand	ling Balance at Close of This Period		
0,0,0	0.0	<u>1, 9, 8, 4, 1, 2</u>		
CLIDITATALS This Desired This Dags (entires)		1 0 1 6 9 5 7		
SUBTOTALS This Period This Page (optional)		0.00		
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		
3) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page o	niy) - I			

SCHEDULE D (FEC Form 3)	(Use separate PAGE 10 OF 13		
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
xcluding Loans	numbered line)	X 10	
NAME OF COMMITTEE (In Full)			
FRIENDS OF MATT MATSUNAGA - CONGRESS	5		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
American Savings Bank	Maintena	ance Fee	
Mailing Address 1001 Bishop Street City State Zip Code	Transacti	ion ID: LS71010.E163	
Honolulu, Hawaii 96813			
Outstanding Balance Beginning This Period			
0.0			
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
5,6.7	0.0	5 6 7	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):	
American Savings Bank		ance Fee	
Mailing Address			
City State Zip Code	Transacti	ion ID: LS71010.E164	
Honolulu, Hawaii 96813-			
Outstanding Balance Beginning This Period			
0.00		· ·	
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
7.00	0.0	7,00	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
American Savings Bank	Mainten	ance Fee	
Mailing Address 1001 Bishop Street			
City State Zip Code Honolulu, Hawaii 96813	Transact	tion ID: LS71010.E165	
Outstanding Balance Beginning This Period	····		
0,00			
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
7,00	0.0	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)	}	0,000	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page on	ntv) 🕨 👢	U U U	

SCHED	ULE	D (I	FEC	Form	3)
DEBTS	AND	OBI	LIGA	TIONS	3

(Use separate

PAGE OF 13

EBTS AND OBLIGATIONS	for	each ered line)	(check only one) 9
AME OF COMMITTEE (In Full)	Humb	orea iirie)	X 10
FRIENDS OF MATT MATSUNAGA - CONGRESS	S		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):
Elizabeth Lum	••	Printing;	Labels; Aristotle
Mailing Address 3835 Kumu Street		Transacti	on ID: LS0201200S37E41
City State Zip Code Honolulu, Hawaii 96822			
Outstanding Balance Beginning This Period 2,5,0,0,0,0 Amount Incurred This Period Payment This Period 0,0,0,0	0.0	Outstandii	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of D	ebt (Purpose):
OmniTrak Group Inc.		Polls	
Mailing Address 841 Bishop Street, Suite 1150		T	ID. I C020120027E47
City State Zip Code Honolulu, Hawaii 96813		Transacti	on ID: LS020120037E47
Outstanding Balance Beginning This Period 2 6 3 2 0 6 7 Amount Incurred This Period Payment This Period 0 0 0	0.0	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Ĭ	Nature of D	ebt (Purpose):
LaFave & Associates		Political	Fundraising
Mailing Address 6282 Occoquan Forest Drive			
City State Zip Code Manassas, VA 20112		Transac	tion ID: LS0201200S7E48
Outstanding Balance Beginning This Period			
3 5 0 0 0 0			
Amount Incurred This Period Payment This Period	· 	Outstandi	ng Balance at Close of This Period
0.0.0	0.0		3,5,0,0,0,0
SUBTOTALS This Period This Page (optional)	>		₅ 3.2, 3.2.0, 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)	>	<u> </u>	$0_0 0_0$
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	niv) 🕨	1	0 0 0

SCHEDUL	E D	(FEC	Form	3)
DEBTS AN	ם מו	BLIGA	TIONS	3

(Use separate

PAGE OF

EBTS AND OBLIGATIONS cluding Loans	schedule(s) FOR LINE NUMBER: (check only one) 9 numbered line) X 10
AME OF COMMITTEE (In Full)	20
FRIENDS OF MATT MATSUNAGA - CONGRES	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Joan Bennet & Associates, Inc.	Media Production
Mailing Address 3300-A Pacific Heights Road	Transaction ID: LS0201200S7E49
City State Zip Code Honolulu, Hawaii 96813	Transaction 1D. LS020120037E49
Outstanding Balance Beginning This Period	
9 1.7 4.1.6 7.5	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Perio
0.0.0	0.0 1.7,4.1.6,7.5
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
QMark	Custom Packaging of Data
Mailing Address	
1001 Bishop Street, American Savings Twr, Flr. 19 City State Zip Code	Transaction ID: LS020120037E51
Honolulu, Hawaii 96813	
Outstanding Balance Beginning This Period	
1,041,60	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Perio
0.00	0.0
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Harry Onouye	Supplies for Hilo Campaign Head
Mailing Address 25 Lueini Street	quarters
City State Zip Code	
Hilo, Hawaii 96720	Transaction ID: LS020120057E52
Outstanding Balance Beginning This Period	
1,0,7,3,5,8	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Perio
0,0,0	<u>-0.0</u> 1, 0, 7, 3, 5, 8
	1052102
SUBTOTALS This Period This Page (optional)	<u> </u>
TOTALS This Period (last page this line number only)	
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	b
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page o	only) ▶ 0 0 0

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

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

PAGE 13 OF FOR LINE NUMBER: (check only

one)		9
	X	10

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6

cluding Loans		num	bered line)	X 10
AME OF COMMITTEE (In Full)				
FRIENDS OF MATT	MATSUNAGA - CON	GRESS		
A. Full Name (Last, First, Middle Initial) of [Pebtor or Creditor		Nature of D	Pebt (Purpose):
Al Inoue			Supplies and Entertainment for	
Mailing Address 101 Aupuni Street, S	Suite 1001		Rally	
City State Hilo, Hawaii 96	Zip Code 720		Transact	ion ID: LS0201200S7E53
Outstanding Balance Beginning This Perio	d 1		·	8
1,4.8.3,3.2			_	
Amount Incurred This Period	Payment This P	·····	Outstandi	ing Balance at Close of This Period
0,0,0		0.0.0	<u> </u>	, 1,4 8 3,3.2
B. Full Name (Last, First, Middle Initial) of D	ebtor or Creditor		Nature of D	Debt (Purpose):
Mailing Address				
City State	Zip Code]	
Amount Incurred This Period	Payment This P	eriod		ing Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of	Debtor or Creditor		Nature of E	Debt (Purpose):
Mailing Address				
City	State Zip Code	<u> </u>		
Outstanding Balance Beginning This Period	od			
			.	
Amount Incurred This Period	Payment This P	enod	Outstand	ing Balance at Close of This Period
			السا	
SUBTOTALS This Period This Page (option	al)	>		2 1 24 8 3 3 2
TOTALS This Period (last page this line nu	mber only)	>		9.8 ₉ 9.0.9 ₉ 9.7
TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)			
ADD 2) and 3) and carry forward to appro	priate line of Summary Page (las	et page only)		0_000

SI SCHLACK ITO TOPA Financial Center

745 Fort Street, Suite 1500 RECEIVED Honolulu, Hawaii 96813FEC MALLOCATER (MMM)

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HONOLULU HI 967

28 OCT 2022PM 21



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

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail O 28 22	Date of Receipt 11 04 22
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked ,
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing, Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked
91	11/04/22
PREPARER	DATE PREPARED

(3/2015)