

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
HAWAII REPUBLICAN PARTY

ADDRESS (number and street) 725 Kapiolani Blvd., #C-105  
 Check if different than previously reported. (ACC)  
HONOLULU HI 96813

2. **FEC IDENTIFICATION NUMBER** C00085506  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2007 through 09 30 2007

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 Katherine Thomason

Signature of Treasurer Electronically Filed by Katherine Thomason Date 10 12 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HAWAII REPUBLICAN PARTY

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		100716.64
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	171381.28									
(c) Total Receipts (from Line 19) .....	93923.10	606358.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	265304.38	707074.97								
7. Total Disbursements (from Line 31) .....	25710.64	467481.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	239593.74	239593.74								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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  
HAWAII REPUBLICAN PARTY

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	84135.00	424448.50
(i) Itemized (use Schedule A) .....	5735.00	118351.00
(ii) Unitemized .....	89870.00	542799.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	89870.00	542799.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	14083.62
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	62.71	199.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	3990.39	49276.15
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	3990.39	49276.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	93923.10	606358.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	89932.71	557082.18

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	17621.49
(ii) Non-Federal Share.....	0.00	45312.44
(b) Other Federal Operating Expenditures.....	25710.64	404547.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25710.64	467481.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25710.64	467481.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25710.64	422168.79

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	89870.00	542799.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89870.00	542799.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25710.64	422168.79
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	14083.62
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25710.64	408085.17

# SCHEDULE A (FEC Form 3X) 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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
HAWAII REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Rachel Ahuvia Mailing Address 947 Uwao St City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007 <b>Transaction ID:</b> SA11A1.58887 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Self Employed Occupation Investor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Barbara Annis Mailing Address 38 S Judd St Apt 14B City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007 <b>Transaction ID:</b> SA11A1.58919 Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Asato Mailing Address 1519 Nuuanu Ave 20 City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007 <b>Transaction ID:</b> SA11A1.58899 Amount of Each Receipt this Period 100.00 Contribution
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Eric Barsatan</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2007	
Mailing Address 94-500 Apii St		<b>Transaction ID: SA11A1.58871</b>	
City Waipahu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96797		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii	Occupation B & C Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00		

Full Name (Last, First, Middle Initial) <b>B. Mark Bennett</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007	
Mailing Address 2330 Kaola Way 6		<b>Transaction ID: SA11A1.58920</b>	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96813		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Hawaii	Occupation Attorney General		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Bill Benton</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2007	
Mailing Address 4255 Buckskin Lake Dr		<b>Transaction ID: SA11A1.58888</b>	
City Ellicott City	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 21042		Contribution	
FEC ID number of contributing federal political committee. C			
Name of Employer Benton & Associates	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Borgo		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2007
Mailing Address 225 Queen St, 12G		Transaction ID: SA11A1.58898
City Honolulu	State HI	Zip Code 96813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Roy Bright		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007
Mailing Address 428 Kawaihae St, 347		Transaction ID: SA11A1.58911
City Honolulu	State HI	Zip Code 96825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jason Chen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2007
Mailing Address 95-1031 Palamoa St		Transaction ID: SA11A1.58879
City Mililani	State HI	Zip Code 96789
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer JC Engineering LLC	Occupation Engineer	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) 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"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Kwanjay Cho		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address 2916 Date St Apt 11e		Transaction ID: SA11A1.58876	
City Honolulu	State HI	Zip Code 96816	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer IMPAC College	Occupation Educator		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Liberty Chun		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address 1210 Dillingham Blvd #24		Transaction ID: SA11A1.58916	
City Honolulu	State HI	Zip Code 96817	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Korean Association	Occupation Liason		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert DeWitz		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007	
Mailing Address HSI Electric Inc, 2308 Pahounui Dr		Transaction ID: SA11A1.58837	
City Honolulu	State HI	Zip Code 96819	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer HSI Electric Inc	Occupation Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Jan Dill</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 1 Coelho Way # B		<b>Transaction ID: SA11A1.58881</b>	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96817		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Alex Escarcega</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 1013 Prospect St, 1017		<b>Transaction ID: SA11A1.58870</b>	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96822		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>C. Maria Etrata</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 98-1465 Hoomahie Lp		<b>Transaction ID: SA11A1.58856</b>	
City Pearl City	State HI	Amount of Each Receipt this Period 1000.00	
Zip Code 96782		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Judith Fadrowsky

Mailing Address 1360 Laukahi St

City Honolulu State HI Zip Code 96821

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

Name of Employer Hawaiian Health Occupation Compliance Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2007

Transaction ID: SA11A1.58867

Amount of Each Receipt this Period  
 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Henry Felix

Mailing Address PO BOX 240778

City Honolulu State HI Zip Code 96824

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

Name of Employer Eagle Corp Occupation CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 10 / 2007

Transaction ID: SA11A1.58827

Amount of Each Receipt this Period  
 2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Eddie Flores

Mailing Address 596 Puuikena Dr

City Honolulu State HI Zip Code 96821

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

Name of Employer owner L & L Occupation fast food franchiser

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2007

Transaction ID: SA11A1.58872

Amount of Each Receipt this Period  
 500.00

Contribution

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Sandra Fong		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2007
Mailing Address 2919 Kapiolani Blvd		Transaction ID: SA11A1.58864
City Honolulu	State HI	Zip Code 96826
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Market City Shopping Cntr	Occupation Property Mgmt	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Clayton Frank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2007
Mailing Address 4424 Puu Panini Ave # A		Transaction ID: SA11A1.58910
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer State of Hawaii	Occupation Interim Director of Public Safety	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Gaye Glaser		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007
Mailing Address 4343 Royal Pl		Transaction ID: SA11A1.58903
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Gaye Glaser</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address 4343 Royal Pl		<b>Transaction ID: SA11A1.58904</b>	
City Honolulu	State HI	Amount of Each Receipt this Period 50.00	
Zip Code 96816		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>B. Dorothy Grandinetti</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 1441 Victoria St, 302		<b>Transaction ID: SA11A1.58896</b>	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96822		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Martha Greenwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 4220		<b>Transaction ID: SA11A1.58848</b>	
City Kailua-Kona	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96745		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Homemaker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Melanie Hanohano		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007
Mailing Address 635 Akoaoka St		Transaction ID: SA11A1.58885
City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer D O E	Occupation Elem Teacher	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Healy		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 27 Dorchester Rd		Transaction ID: SA11A1.58922
City State Zip Code Wethersfield CT 06109	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Connecticut Republicans	Occupation Chairman	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Henao		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007
Mailing Address 1777 Ala Moana Blvd, 107-19		Transaction ID: SA11A1.58857
City State Zip Code Honolulu HI 96815	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer self employed	Occupation real estate investor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. Joseph Henao</b>		Date of Receipt MM / DD / YYYY <b>09 / 18 / 2007</b>
Mailing Address <b>1777 Ala Moana Blvd, 107-19</b>		<b>Transaction ID: SA11A1.58858</b>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96815</b>	Amount of Each Receipt this Period <b>125.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer self employed <b>real estate investor</b>	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>945.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Gavin Hubbard</b>		Date of Receipt MM / DD / YYYY <b>09 / 25 / 2007</b>
Mailing Address <b>818 Moowaa St</b>		<b>Transaction ID: SA11A1.58824</b>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96817</b>	Amount of Each Receipt this Period <b>5000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer <b>Okada Trucking</b>	Occupation <b>Executive</b>	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>10000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Patricia Imamura</b>		Date of Receipt MM / DD / YYYY <b>09 / 17 / 2007</b>
Mailing Address <b>544 Maono Loop</b>		<b>Transaction ID: SA11A1.58863</b>
City <b>Honolulu</b> State <b>HI</b> Zip Code <b>96821</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer <b>Homemaker</b>	Occupation <b>Homemaker</b>	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Cindy Inouye</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 353 Ainahou St		Transaction ID: SA11A1.58891	
City Honolulu	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96825		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer State of Hawaii	Occupation Deputy Director BHRD		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Jones</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 812 N Kalaheo Ave		Transaction ID: SA11A1.58852	
City Kailua	State HI	Amount of Each Receipt this Period 1250.00	
Zip Code 96734		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DR Horton Schuler Division	Occupation Homebuilder		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C. Judith Jordan</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address 46-031 Kumoo Pl		Transaction ID: SA11A1.58868	
City Kaneohe	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96744		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Homemaker	Occupation Volunteer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Mary Jossem</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 85 Dowsett Ave		Transaction ID: SA11A1.58901	
City Honolulu	State HI	Amount of Each Receipt this Period 200.00	
Zip Code 96817		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SECOH	Occupation Administrator		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Henry Kahula</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address PO Box 115		Transaction ID: SA11A1.58894	
City Hana	State HI	Amount of Each Receipt this Period 300.00	
Zip Code 96713		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Kyle Karioka</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 140 Rose St		Transaction ID: SA11A1.58906	
City Wahiawa	State HI	Amount of Each Receipt this Period 100.00	
Zip Code 96786		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Friends of Duke Aiona	Occupation Deputy Finance Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Roger Khlopin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2007	
Mailing Address 46-450 Hulupala PI		Transaction ID: SA11A1.58831	
City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Bank of Hawaii	Occupation Exec Vice-President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Nicole Kobayashi		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007	
Mailing Address 1910 Aleo PI		Transaction ID: SA11A1.58839	
City Honolulu	State HI	Zip Code 96822	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Hyon Cha Koga		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007	
Mailing Address 94-398 Makalu Loop		Transaction ID: SA11A1.58914	
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Korean Association	Occupation Liason		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. James Kwong</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2007
Mailing Address 228 Ilihaui St		Transaction ID: SA11A1.58853
City Kailua	State HI	Zip Code 96734
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer URS Corp.	Occupation Engineer	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Willes Lee</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
Mailing Address 644 Kahiau Lp		Transaction ID: SA11A1.58835
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer retired LTC	Occupation Sales	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3276.00	

Full Name (Last, First, Middle Initial) <b>C. Dorvin Leis</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2007
Mailing Address 1640 Halama St		Transaction ID: SA11A1.58825
City Kihei	State HI	Zip Code 96753
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1345.00
Name of Employer Dorvin D. Leis Co, Inc.	Occupation Corporate Officer	Contribution
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5095.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Jerry Lynch</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007	
Mailing Address 4496 Aukai Ave.		Transaction ID: SA11A1.58882	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96816		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baywest	Occupation Investor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Cille MacDonald</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address PO Box 462		Transaction ID: SA11A1.58865	
City Lahaina	State HI	Amount of Each Receipt this Period 750.00	
Zip Code 96767		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00		

Full Name (Last, First, Middle Initial) <b>C. Duncan MacNaughton</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 1001 Bishop St 1050 Pauahi Twr		Transaction ID: SA11A1.58836	
City Honolulu	State HI	Amount of Each Receipt this Period 2500.00	
Zip Code 96813		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The MacNaughton Group	Occupation Chairman		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Barbara Marumoto		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1438 Ihiloa Lp		Transaction ID: SA11A1.58905	
City Honolulu	State HI	Zip Code 96821	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer State of Hawaii	Occupation Representative		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Leighton Mau		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 2270 Kalakaua Ave, Ste 1800		Transaction ID: SA11A1.58830	
City Honolulu	State HI	Zip Code 96815	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer The Resort Group	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> William McCorriston		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 1925 Mckinley St		Transaction ID: SA11A1.58829	
City Honolulu	State HI	Zip Code 96822	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer McCorriston et al	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10260.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. Nora Mejjide-Gentry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address <b>PO Box 161144</b>		<b>Transaction ID: SA11A1.58877</b>	
City <b>Honolulu</b>	State <b>HI</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>96816</b>		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation entrepenenuer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Magdy Mettias</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address <b>91-2139 Fort Weaver Rd Ste 201</b>		<b>Transaction ID: SA11A1.58833</b>	
City <b>Ewa Beach</b>	State <b>HI</b>	Amount of Each Receipt this Period 5000.00	
Zip Code <b>96706</b>		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Magdy Mettias MD	Occupation Independent Practioner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Timothy Moon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address <b>1441 Kapiolani Blvd Ste 312</b>		<b>Transaction ID: SA11A1.58849</b>	
City <b>Honolulu</b>	State <b>HI</b>	Amount of Each Receipt this Period 1500.00	
Zip Code <b>96814</b>		Contribution	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer IMPAC College	Occupation Educator		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A.</b> Roger Morey		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007	
Mailing Address 3150 Kahako Pl		Transaction ID: SA11A1.58861	
City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Pacific Allied	Occupation Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James Murphy		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 6318 Mt Ridge Rd		Transaction ID: SA11A1.58897	
City State Zip Code Baltimore MD 21228	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Employoed	Occupation CPA		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> George Nardin		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1115 Koohoo Pl		Transaction ID: SA11A1.58834	
City State Zip Code Kailua HI 96734	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Employed	Occupation Physician		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia Newlin Mailing Address 1511 Nuuanu Ave #175 City Honolulu State HI Zip Code 96817 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007 <b>Transaction ID:</b> SA11A1.58908 Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Gary Okamoto Mailing Address 3311 Alani Dr City Honolulu State HI Zip Code 96822 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007 <b>Transaction ID:</b> SA11A1.58828 Amount of Each Receipt this Period 4500.00 Contribution
Name of Employer Wilson Okamoto Copr Occupation Planning Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Wynn Okuda Mailing Address 1523 Kamole St City Honolulu State HI Zip Code 96821 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007 <b>Transaction ID:</b> SA11A1.58884 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Self Employed Occupation Dentist Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Norman Peleholani

Mailing Address 1016 Luehu St

City Pearl City State HI Zip Code 96782

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2007

Transaction ID: SA11A1.58912

Amount of Each Receipt this Period  
150.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Plaza

Mailing Address 4130 SW Monroe St

City Seattle State WA Zip Code 98136

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

Name of Employer Imperium Renewables Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2007

Transaction ID: SA11A1.58844

Amount of Each Receipt this Period  
2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Philip Powers

Mailing Address 1350 Ala Moana Blvd 1509

City Honolulu State HI Zip Code 96814

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2007

Transaction ID: SA11A1.58892

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Philip Powers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2007	
Mailing Address 1350 Ala Moana Blvd 1509		Transaction ID: SA11A1.58893	
City Honolulu      State HI      Zip Code 96814	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired      Occupation Retired	Aggregate Year-to-Date ▼ 421.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Nancy Quinn</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 4340 Paha Ave 13C		Transaction ID: SA11A1.58889	
City Honolulu      State HI      Zip Code 96816	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired      Occupation Retired	Aggregate Year-to-Date ▼ 460.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Scott Ray</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 61-559 Pohaku Loa Way		Transaction ID: SA11A1.58900	
City Haleiwa      State HI      Zip Code 96712	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired      Occupation Retired	Aggregate Year-to-Date ▼ 350.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Richard Sato</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 7022 Kalaniana'ole Hwy		<b>Transaction ID: SA11A1.58840</b>	
City Honolulu      State HI      Zip Code 96825	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Sato & Associates Occupation Engineer	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 2500.00			

Full Name (Last, First, Middle Initial) <b>B. James Schuler</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 828 Fort St Mall Ste 310		<b>Transaction ID: SA11A1.58851</b>	
City Honolulu      State HI      Zip Code 96813	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Schuler Homes, Inc. Occupation Builder	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1250.00			

Full Name (Last, First, Middle Initial) <b>C. Edwin Seipp</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 49 Tuscaloosa Ave		<b>Transaction ID: SA11A1.58895</b>	
City Atherton      State CA      Zip Code 94027	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired Occupation Retired	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 400.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.** Full Name (Last, First, Middle Initial)  
Janice Shields

Mailing Address 2709 Palalani PI

City State Zip Code  
Makawao HI 96768

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

Name of Employer Association for Improved Healthcare  
Occupation RN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2007

Transaction ID: SA11A1.58874

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Linda Smith

Mailing Address 2650 Pacific Hgts Rd

City State Zip Code  
Honolulu HI 96813

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

Name of Employer State of Hawaii  
Occupation Gov't Official

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2007

Transaction ID: SA11A1.58826

Amount of Each Receipt this Period  
2295.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
George St John

Mailing Address 95-544 Alapoai St

City State Zip Code  
Mililani HI 96789

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

Name of Employer Self Employed  
Occupation Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2007

Transaction ID: SA11A1.58917

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3045.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

<b>A.</b> Full Name (Last, First, Middle Initial) Roy Sugiyama		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007
Mailing Address 3424 Kaau St		<b>Transaction ID:</b> SA11A1.58847
City Honolulu State HI Zip Code 96816	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Molokai Properties Ltd Occupation COO	Aggregate Year-to-Date ▼ 1500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Katherine Thomason		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007
Mailing Address 44-166 Nanamoana St		<b>Transaction ID:</b> SA11A1.58859
City Kaneohe State HI Zip Code 96744	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer IMS Occupation Accountant	Aggregate Year-to-Date ▼ 2580.89	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Travis Thompson		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007
Mailing Address 89 Pukolu Way		<b>Transaction ID:</b> SA11A1.58845
City Wailea State HI Zip Code 96753	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 1805.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Martin Tobias</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 417 W Prospect St		Transaction ID: SA11A1.58842	
City State Zip Code Seattle WA 98119	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Imperium Renewables	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Gene Ward</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 875 Puuomao St		Transaction ID: SA11A1.58866	
City State Zip Code Honolulu HI 96825	Amount of Each Receipt this Period 510.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer State of Hawaii	Occupation Representative		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>C. Jeff Watanabe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 999 Bishop St 23rd Floor		Transaction ID: SA11A1.58850	
City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Watanabe Ing & Kawashima	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3760.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Joseph Woodard</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address PO Box 501011		Transaction ID: SA11A1.58890	
City State Zip Code Dallas TX 75250	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Retired Occupation Retired	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 450.00			

Full Name (Last, First, Middle Initial) <b>B. Sandra Yahiro</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 2551 10th Ave		Transaction ID: SA11A1.58869	
City State Zip Code Honolulu HI 96816	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Hawaii Dept of Taxation Occupation Deputy Director	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 700.00			

Full Name (Last, First, Middle Initial) <b>C. David Yogi</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2007	
Mailing Address 1087 Kaaopulu PI		Transaction ID: SA11A1.58855	
City State Zip Code Honolulu HI 96825	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Yogi Kwong Engineers Occupation Engineer	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	84135.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. AMERICA ONLINE SERVICES</b>		<b>Transaction ID: SB21B.59082</b>	
Mailing Address C/O FIRST USA BANK, NA P.O. BOX 50882		Date of Disbursement MM / DD / YYYY 09 / 18 / 2007	
City Henderson	State NV	Zip Code 89016	Amount of Each Disbursement this Period 30.90
Purpose of Disbursement INTERNET		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Joanne Bretschneider</b>		<b>Transaction ID: SB21B.59068</b>	
Mailing Address 725 Kapiolani Blvd 2702		Date of Disbursement MM / DD / YYYY 09 / 10 / 2007	
City Honolulu	State HI	Zip Code 96813	Amount of Each Disbursement this Period 150.27
Purpose of Disbursement REIMBURSE FOOD FOR VOLUNTEERS		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>		<b>Transaction ID: SB21B.59068.0</b>	
Mailing Address P. O. BOX 6050		Date of Disbursement MM / DD / YYYY 09 / 10 / 2007	
City INGLEWOOD	State CA	Zip Code 90312	Amount of Each Disbursement this Period 150.27
Purpose of Disbursement REIMBURSE TELEPHONE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>181.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Joanne Bretschneider</b>		<b>Transaction ID: SB21B.59052</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 1278.71
City Honolulu State HI Zip Code 96813	001 Category/ Type	
Purpose of Disbursement PR PE 9/15		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Joanne Bretschneider</b>		<b>Transaction ID: SB21B.59056</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 1395.13
City Honolulu State HI Zip Code 96813	001 Category/ Type	
Purpose of Disbursement PR PE 9/30/07		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steven Bretschneider</b>		<b>Transaction ID: SB21B.59050</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2007
Mailing Address 725 Kapiolani Blvd 2702		Amount of Each Disbursement this Period 100.00
City Honolulu State HI Zip Code 96813	001 Category/ Type	
Purpose of Disbursement PARKING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2773.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. CENTRAL PACIFIC BANK</b>		Transaction ID: SB21B.59062 Date of Disbursement																					
Mailing Address PO BOX 135010		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	7														
City HONOLULU	State HI	Zip Code 96801	Amount of Each Disbursement this Period																				
Purpose of Disbursement MORTGAGE PAYMENT		001	1961.13																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>		Transaction ID: SB21B.59085 Date of Disbursement																					
Mailing Address CARDMEMBER SERVICE PO BOX 94014		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	0	7														
City PALATINE	State IL	Zip Code 60094	Amount of Each Disbursement this Period																				
Purpose of Disbursement		001	3183.03																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T QD AL Hawaii</b>		Transaction ID: SB21B.59085.0 Date of Disbursement																					
Mailing Address PO Box 30178		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	0	7														
City Los Angeles	State CA	Zip Code 90030	Amount of Each Disbursement this Period																				
Purpose of Disbursement CELL PHONE		001	427.43																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5144.16
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. BEST BUY MHT</b>		Transaction ID: SB21B.59085.1	
Mailing Address 478 ALAKAWA ST.		Date of Disbursement MM / DD / YYYY 09 / 28 / 2007	
City HONOLULU	State HI	Zip Code 96817	Amount of Each Disbursement this Period 837.69
Purpose of Disbursement OPTIMA EP749 PROJECTOR		001	[MEMO ITEM]
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. COMPUSA</b>		Transaction ID: SB21B.59085.2	
Mailing Address 604 Ala Moana Blvd		Date of Disbursement MM / DD / YYYY 09 / 28 / 2007	
City Honolulu	State HI	Zip Code 96813	Amount of Each Disbursement this Period 439.72
Purpose of Disbursement 2 HARD DRIVES, 3 MEMORY STICKS		001	[MEMO ITEM]
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Fisher Hawaii</b>		Transaction ID: SB21B.59085.4	
Mailing Address 450 Cooke St.		Date of Disbursement MM / DD / YYYY 09 / 28 / 2007	
City Honolulu	State HI	Zip Code 96813	Amount of Each Disbursement this Period 210.02
Purpose of Disbursement OFFICE SUPPLIES		001	[MEMO ITEM]
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Hawaiian Airlines</b>		Transaction ID: SB21B.59085.5 Date of Disbursement 09 / 28 / 2007
Mailing Address Honolulu International Airport		Amount of Each Disbursement this Period 299.40
City Honolulu State HI Zip Code 96819	[MEMO ITEM]	
Purpose of Disbursement AIRFARE Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. OCEANIC CABLE</b>		Transaction ID: SB21B.59085.8 Date of Disbursement 09 / 28 / 2007
Mailing Address P.O. BOX 30050		Amount of Each Disbursement this Period 119.68
City HONOLULU State HI Zip Code 96820	[MEMO ITEM]	
Purpose of Disbursement CABLE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. SaveOnConferences</b>		Transaction ID: SB21B.59085.10 Date of Disbursement 09 / 28 / 2007
Mailing Address PO Box 404351		Amount of Each Disbursement this Period 63.11
City Atlanta State GA Zip Code 30384-4351	[MEMO ITEM]	
Purpose of Disbursement CONFERENCE CALL PROVIDER Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. SONICWALL INC</b>		Transaction ID: SB21B.59085.11 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 1143 BORREGAS AVENUE		Amount of Each Disbursement this Period 400.00
City SUNNYVALE State CA Zip Code 94089	[MEMO ITEM]	
Purpose of Disbursement COMPUTE UPGRADE NODE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SPRINT</b>		Transaction ID: SB21B.59085.12 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address PO BOX 219100		Amount of Each Disbursement this Period 24.62
City KANSAS CITY State MO Zip Code 64121	[MEMO ITEM]	
Purpose of Disbursement LONG DISTANCE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. STORQUEST - KAKA AKO</b>		Transaction ID: SB21B.59085.13 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address 850 KAWAIAHAO ST #4		Amount of Each Disbursement this Period 171.94
City HONOLULU State HI Zip Code 96813	[MEMO ITEM]	
Purpose of Disbursement STORAGE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Minoo Elison</b>		<b>Transaction ID: SB21B.59073</b> Date of Disbursement 09 / 10 / 2007	
Mailing Address 764 Mokapu Rd		Amount of Each Disbursement this Period 65.50	
City Kailua	State HI	Zip Code 96734	001 Category/ Type
Purpose of Disbursement REIMBURSE TELEPHONE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Minoo Elison</b>		<b>Transaction ID: SB21B.59054</b> Date of Disbursement 09 / 15 / 2007	
Mailing Address 764 Mokapu Rd		Amount of Each Disbursement this Period 1261.29	
City Kailua	State HI	Zip Code 96734	001 Category/ Type
Purpose of Disbursement PR PE 9/15		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Minoo Elison</b>		<b>Transaction ID: SB21B.59058</b> Date of Disbursement 09 / 30 / 2007	
Mailing Address 764 Mokapu Rd		Amount of Each Disbursement this Period 1261.29	
City Kailua	State HI	Zip Code 96734	001 Category/ Type
Purpose of Disbursement PR PE 9/30/07		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2588.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. William Finlay</b>		Transaction ID: SB21B.59051 Date of Disbursement MM / DD / YYYY 09 / 15 / 2007	
Mailing Address 4717 Halehoola PI		Amount of Each Disbursement this Period 1251.11	
City Honolulu State HI Zip Code 96816	Purpose of Disbursement PR PE 9/15	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William Finlay</b>		Transaction ID: SB21B.59055 Date of Disbursement MM / DD / YYYY 09 / 30 / 2007	
Mailing Address 4717 Halehoola PI		Amount of Each Disbursement this Period 1251.11	
City Honolulu State HI Zip Code 96816	Purpose of Disbursement PR PE 9/30/07	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRANCO TYP-POSTALIA INC</b>		Transaction ID: SB21B.59066 Date of Disbursement MM / DD / YYYY 09 / 10 / 2007	
Mailing Address PO BOX 4272		Amount of Each Disbursement this Period 90.93	
City CAROL STREAM State IL Zip Code 60197	Purpose of Disbursement RENTAL POSTAGE METER, SCALE	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2593.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. FRANCOTYP-POSTALIA INC</b>		<b>Transaction ID: SB21B.59074</b> Date of Disbursement 09 / 11 / 2007	
Mailing Address PO BOX 4272		Amount of Each Disbursement this Period 250.00	
City CAROL STREAM	State IL	Zip Code 60197	
Purpose of Disbursement POSTAGE		001 Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. HAWAII MEDICAL SERVICE ASSOC.</b>		<b>Transaction ID: SB21B.59061</b> Date of Disbursement 09 / 01 / 2007	
Mailing Address P.O. BOX 29330		Amount of Each Disbursement this Period 1244.96	
City Honolulu	State HI	Zip Code 96820	
Purpose of Disbursement HEALTH INSURANCE		001 Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. HEARTLAND PAYMENT SYSTEM</b>		<b>Transaction ID: SB21B.59063</b> Date of Disbursement 09 / 04 / 2007	
Mailing Address 1437 YOUNGSTOWN CENTER HWY 62		Amount of Each Disbursement this Period 201.21	
City JEFFERSONVILLE	State IN	Zip Code 47130	
Purpose of Disbursement PAYMENT SYSTEM		001 Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1696.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. HEARTLAND PAYMENT SYSTEM</b>		<b>Transaction ID:</b> SB21B.59064 Date of Disbursement
Mailing Address 1437 YOUNGSTOWN CENTER HWY 62		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City JEFFERSONVILLE	State IN	Zip Code 47130
Purpose of Disbursement PAYMENT SYSTEM	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="26.00"/>

Full Name (Last, First, Middle Initial) <b>B. IMS, INC.</b>		<b>Transaction ID:</b> SB21B.59076 Date of Disbursement
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City KANEHOE	State HI	Zip Code 96744
Purpose of Disbursement ACCOUNTING SERVICE AUGUST	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1047.12"/>

Full Name (Last, First, Middle Initial) <b>C. IMS, INC.</b>		<b>Transaction ID:</b> SB21B.59079 Date of Disbursement
Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City KANEHOE	State HI	Zip Code 96744
Purpose of Disbursement PAYROLL TAXES	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2344.46"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3417.58"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. Cynthia Lee</b>		Transaction ID: SB21B.59049 Date of Disbursement 09 / 01 / 2007	
Mailing Address 725 Kapiolani Apt 2701		Amount of Each Disbursement this Period 125.00	
City Honolulu	State HI	Zip Code 96813	001 Category/ Type
Purpose of Disbursement PARKING SPACE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Willes Lee</b>		Transaction ID: SB21B.59072 Date of Disbursement 09 / 10 / 2007	
Mailing Address 644 Kahiau Lp		Amount of Each Disbursement this Period 54.85	
City Honolulu	State HI	Zip Code 96821	002 Category/ Type
Purpose of Disbursement TRAVEL REIMBURSEMENT		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. MERIDIAN CENTRAL PUBLIC AFFAIR</b>		Transaction ID: SB21B.59067 Date of Disbursement 09 / 10 / 2007	
Mailing Address 2937 S 120TH ST		Amount of Each Disbursement this Period 250.00	
City OMAHA	State NE	Zip Code 68144	001 Category/ Type
Purpose of Disbursement PRINTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	429.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. PRECISION AIR CONDITIONING</b>		Transaction ID: SB21B.59083 Date of Disbursement
Mailing Address 99-1285 HALAWA VALLEY RD #A16		<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City AIEA	State HI	Zip Code 96701
Purpose of Disbursement REPAIR ON AC	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="292.13"/>

Full Name (Last, First, Middle Initial) <b>B. PRECISION AIR CONDITIONING</b>		Transaction ID: SB21B.59084 Date of Disbursement
Mailing Address 99-1285 HALAWA VALLEY RD #A16		<input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City AIEA	State HI	Zip Code 96701
Purpose of Disbursement MONTHLY MAINTENANCE	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="131.04"/>

Full Name (Last, First, Middle Initial) <b>C. R&amp;K MAINTENANCE</b>		Transaction ID: SB21B.59065 Date of Disbursement
Mailing Address 442 KAHA STREET		<input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City KAILUA	State HI	Zip Code 96734
Purpose of Disbursement CLEANING	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="213.93"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="637.10"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. RESKYU</b>		<b>Transaction ID: SB21B.59078</b>	
Mailing Address 756 BANNISTER ST		Date of Disbursement MM / DD / YYYY 09 / 13 / 2007	
City HONOLULU	State HI	Zip Code 96819	Amount of Each Disbursement this Period 96.45
Purpose of Disbursement BUSINESS CARDS	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. RICOH AMERICAS CORPORATION</b>		<b>Transaction ID: SB21B.59059</b>	
Mailing Address PO BOX 105533		Date of Disbursement MM / DD / YYYY 09 / 01 / 2007	
City ATLANTA	State GA	Zip Code 30348	Amount of Each Disbursement this Period 761.50
Purpose of Disbursement LEASE COPIER	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SAM'S CLUB DISCOVER</b>		<b>Transaction ID: SB21B.59081</b>	
Mailing Address PO BOX 960016		Date of Disbursement MM / DD / YYYY 09 / 18 / 2007	
City ORLANDO	State FL	Zip Code 32896	Amount of Each Disbursement this Period 45.06
Purpose of Disbursement FOOD FOR MEETINGS	001 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>903.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH TALBOT</b>		<b>Transaction ID:</b> SB21B.59053 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 15 / 2007
Mailing Address 1242 AALAPAPA ST		Amount of Each Disbursement this Period 1447.29
City KAILUA State HI Zip Code 96734	Purpose of Disbursement PR PE 9/15 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH TALBOT</b>		<b>Transaction ID:</b> SB21B.59057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 1242 AALAPAPA ST		Amount of Each Disbursement this Period 1546.87
City KAILUA State HI Zip Code 96734	Purpose of Disbursement PR PE 9/30/07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. THE IMPERIAL PLAZA</b>		<b>Transaction ID:</b> SB21B.59060 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 01 / 2007
Mailing Address 711 KAPIOLANI BLVD, SUITE 700		Amount of Each Disbursement this Period 1986.53
City Honolulu State HI Zip Code 96813	Purpose of Disbursement MAINTENANCE & UTILITIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4980.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	25344.80

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 HAWAII REPUBLICAN PARTY

NAME OF ACCOUNT State and Local Account - Bank of HI	DATE OF RECEIPT M M / D D / Y Y Y Y 09 / 26 / 2007	TOTAL AMOUNT TRANSFERRED 3990.39
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**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	3990.39	Transaction ID: H3.58823
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	3990.39
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	3990.39