

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Abercrombie for Congress

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	8800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	-8800.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	0.00	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18344.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3473.30	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Abercrombie for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	8800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8800.00
21. OTHER DISBURSEMENTS.....	24555.71	36195.46
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	24555.71	44995.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42899.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	42899.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24555.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18344.19

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

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

Transaction ID: SB21.4226
Date of Disbursement

Mailing Address P.O. Box 1959

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	1		2	6		2	0	1	1

City Honolulu State HI Zip Code 96805-1959

Amount of Each Disbursement this Period

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
									2862.33

Purpose of Disbursement
Credit Card Payment (See Below)

<input type="text"/>

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
St. Regis Hotel

Transaction ID: SB21.4226.1
Date of Disbursement

Mailing Address 923 16th & K Streets, N.W.

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	1		2	6		2	0	1	1

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
									2707.71

Purpose of Disbursement
Transition - Travel Cost

<input type="text"/>

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

[MEMO ITEM]

C.

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

Transaction ID: SB21.4217
Date of Disbursement

Mailing Address P.O. Box 1959

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	2		1	2		2	0	1	1

City Honolulu State HI Zip Code 96805-1959

Amount of Each Disbursement this Period

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
									29.95

Purpose of Disbursement
Bank Charges

<input type="text"/>

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
									2892.28

TOTAL This Period (last page this line number only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Bankcard Center Mailing Address P.O. Box 1959 City Honolulu State HI Zip Code 96805-1959 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21.4219 Date of Disbursement 02 / 12 / 2011 Amount of Each Disbursement this Period 80.98 Category/ Type
B.	Full Name (Last, First, Middle Initial) Bankcard Center Mailing Address P.O. Box 1959 City Honolulu State HI Zip Code 96805-1959 Purpose of Disbursement Credit Card Payment - Transition Website Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21.4234 Date of Disbursement 02 / 12 / 2011 Amount of Each Disbursement this Period 107.40 Category/ Type
C.	Full Name (Last, First, Middle Initial) Caledonian Society of Hawaii Mailing Address P.O. Box 4164 City Honolulu State HI Zip Code 96812 Purpose of Disbursement Charitable Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21.4184 Date of Disbursement 01 / 24 / 2011 Amount of Each Disbursement this Period 500.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	688.38
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Democratic Party Of Hawaii

Transaction ID: SB21.4241

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	1

Mailing Address 1050 Ala Moana Blvd # 2660

Amount of Each Disbursement this Period

5000.00

City Honolulu State HI Zip Code 96814-4933

Purpose of Disbursement
Unlimited Transfer

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

B.

Full Name (Last, First, Middle Initial)
Diamond Head Market & Grill

Transaction ID: SB21.4224

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Mailing Address 3158 Monsarrat Avenue

Amount of Each Disbursement this Period

675.39

City Honolulu State HI Zip Code 96815

Purpose of Disbursement
Meals for transition volunteers

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

C.

Full Name (Last, First, Middle Initial)
Downtown @ The HiSAM

Transaction ID: SB21.4220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Mailing Address 250 Hotel Street, 1st Floor

Amount of Each Disbursement this Period

1465.97

City Honolulu State HI Zip Code 96813

Purpose of Disbursement
Meals for transition volunteers

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

SUBTOTAL of Disbursements This Page (optional)

7141.36

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Endo & Company, LLC	Transaction ID: SB21.4169 Date of Disbursement 01 / 17 / 2011
	Mailing Address 1357 Kapiolani Blvd, #1005	Amount of Each Disbursement this Period 654.45
	City Honolulu State HI Zip Code 96814	
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
B.	Full Name (Last, First, Middle Initial) Endo & Company, LLC	Transaction ID: SB21.4171 Date of Disbursement 03 / 16 / 2011
	Mailing Address 1357 Kapiolani Blvd, #1005	Amount of Each Disbursement this Period 314.14
	City Honolulu State HI Zip Code 96814	
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
C.	Full Name (Last, First, Middle Initial) Kay Hoffman	Transaction ID: SB21.4222 Date of Disbursement 01 / 24 / 2011
	Mailing Address 1357 Kapiolani Blvd, #1005	Amount of Each Disbursement this Period 268.90
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement Reimbursement (See Below) Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

SUBTOTAL of Disbursements This Page (optional) ▶

1237.49

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Costco

Mailing Address 525 Alakawa Street

City Honolulu State HI Zip Code 96817

Purpose of Disbursement
Meals and refreshments for transition volunteers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB21.4222.1
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

Amount of Each Disbursement this Period

193.03

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Latin Business Hawaii

Mailing Address PMB 344 PO Box 30800

City Honolulu State HI Zip Code 96820

Purpose of Disbursement
Civic Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB21.4215
Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Bailey Matsuda

Mailing Address 670 Propect Street #810

City Honolulu State HI Zip Code 96813-1932

Purpose of Disbursement
Entertainment at transition event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB21.4228
Date of Disbursement

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

Amount of Each Disbursement this Period

628.27

SUBTOTAL of Disbursements This Page (optional)

878.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Paa Pono Milolii Inc.	Transaction ID: SB21.4191 Date of Disbursement 01 / 22 / 2011
	Mailing Address P.O. Box 7715	Amount of Each Disbursement this Period 774.77
	City Hilo State HI Zip Code 96720	
	Purpose of Disbursement Civic Donation	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: SB21.4237 Date of Disbursement 01 / 17 / 2011
	Mailing Address 1201 Third Ave, 40th Floor	Amount of Each Disbursement this Period 660.00
	City Seattle State WA Zip Code 98101	
	Purpose of Disbursement Legal Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: SB21.4233 Date of Disbursement 02 / 12 / 2011
	Mailing Address 1201 Third Ave, 40th Floor	Amount of Each Disbursement this Period 750.00
	City Seattle State WA Zip Code 98101	
	Purpose of Disbursement Legal Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

SUBTOTAL of Disbursements This Page (optional)	2184.77
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.

Full Name (Last, First, Middle Initial)
Perkins Coie LLP

Mailing Address 1201 Third Ave, 40th Floor

City State Zip Code
Seattle WA 98101

Purpose of Disbursement
Legal Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB21.4238
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	1

Amount of Each Disbursement this Period

307.50

B.

Full Name (Last, First, Middle Initial)
Renee Sambueno

Mailing Address 1202 Pua Lane Apt 10

City State Zip Code
Honolulu HI 96817

Purpose of Disbursement
Reimb-Meals for transition volunteers (See Below)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB21.4194
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	1

Amount of Each Disbursement this Period

365.49

C.

Full Name (Last, First, Middle Initial)
Costco

Mailing Address 525 Alakawa Street

City State Zip Code
Honolulu HI 96817

Purpose of Disbursement
Meals for Transition Volunteers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Other

Transaction ID: SB21.4194.0
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	1

Amount of Each Disbursement this Period

41.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

672.99

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

--

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

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A.	Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: SB21.4243 Date of Disbursement
	Mailing Address 850 Kawaiahao Street, #4th Floor	<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Honolulu State HI Zip Code 96813	Amount of Each Disbursement this Period
	Purpose of Disbursement Storage Rent	<input type="text" value="136.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input checked="" type="checkbox"/> Other (specify) ▼
	Other	

B.	Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: SB21.4244 Date of Disbursement
	Mailing Address 850 Kawaiahao Street, #4th Floor	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Honolulu State HI Zip Code 96813	Amount of Each Disbursement this Period
	Purpose of Disbursement Storage Rent	<input type="text" value="146.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input checked="" type="checkbox"/> Other (specify) ▼
	Other	

C.	Full Name (Last, First, Middle Initial) Storquest - Kakaako	Transaction ID: SB21.4245 Date of Disbursement
	Mailing Address 850 Kawaiahao Street, #4th Floor	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Honolulu State HI Zip Code 96813	Amount of Each Disbursement this Period
	Purpose of Disbursement Storage Rent	<input type="text" value="136.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input checked="" type="checkbox"/> Other (specify) ▼
	Other	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="418.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) Taleo Corporation <hr/> Mailing Address 4140 Dublin Boulevard, Suite 400 <hr/> City Dublin State CA Zip Code 94568 <hr/> Purpose of Disbursement Transition - Human resource consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21.4235 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2011
	Amount of Each Disbursement this Period 3684.40
	Category/ Type
	Other
B. Full Name (Last, First, Middle Initial) Washington Place Foundation <hr/> Mailing Address P.O. Box 873 <hr/> City Honolulu State HI Zip Code 96808 <hr/> Purpose of Disbursement Charitable Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21.4182 Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2011
	Amount of Each Disbursement this Period 4000.00
	Category/ Type
	Other
C. Full Name (Last, First, Middle Initial) YMCA of Hawaii <hr/> Mailing Address 1441 Pali Highway <hr/> City Honolulu State HI Zip Code 96817 <hr/> Purpose of Disbursement Charitable Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID: SB21.4189 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2011
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Other

SUBTOTAL of Disbursements This Page (optional) ▶	8184.40
TOTAL This Period (last page this line number only) ▶	24298.33

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Abercrombie for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International, Inc.			Nature of Debt (Purpose): Software
Mailing Address 205 Pennsylvania Avenue, SE			
City Washington	State DC	ZIP Code 20003	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.4257	
Amount Incurred This Period 2400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2400.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Endo & Company, LLC			Nature of Debt (Purpose): Accounting Services
Mailing Address 1357 Kapiolani Blvd, #1005			
City Honolulu	State HI	ZIP Code 96814	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.4259	
Amount Incurred This Period 1073.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 1073.30	

1) SUBTOTALS This Period This Page (optional).....	▶	3473.30
2) TOTALS This Period (last page this line number only).....	▶	3473.30
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	3473.30