

**Let's Go ForWARD Hawaii**  
P. O. Box 3374  
Honolulu, Hawaii 96801-3374

RECEIVED  
FEDERAL ELECTION  
COMMISSION ROOM

1997 OCT 20 A 11:47

13 October 1999

Mr. John R. Velasquez, Jr.  
Acting Central Enforcement Docket Supervisor  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

M-4927

OCT 21 3 51 PM '99

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
OFFICE OF GENERAL

THW0"520"61"12

Dear Mr. Velasquez:

Thank you very much for bringing to our attention a complaint that we may have violated the Federal election Campaign Act of 1971.

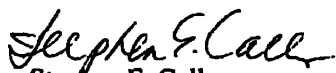
We received two letters from the FEC dated on January 12, 1999 and on March 9, 1999 regarding the 30 day post-general report (10/15/98 – 11/23/98) and the year-end report (11/24/98 – 12/31/98), respectively. The first report (30 day post-general report) has been revised after working out the deficiencies on the telephone with Mr. Adam Ragan, which was subsequently submitted on February 10, 1999. Schedule A (page 1 of 1, for line number 11 (a)(b); and Schedule B (pages 1 through 7) were revised and submitted with the revised report. A copy of the revised report is attached. The other individual contributions on pages 1, 3, 4, 8 and 15 as referred to in the complaint as excessive contributions were inadvertently missed and were not mentioned when Mr. Ragan and I reviewed the report together. However, we will make the necessary revisions in order to comply with FEC regulations. A copy of the revised report is attached.

Also, the complaint mentions about a contribution on Page 3 of Schedule A in the amount of \$2,000 by Mr. Frederick Fisher on October 10, 1998, which was broken down to \$1,000 each for the primary and general elections. We believe this was reported properly. If we need to revise this also, please let us know.

The revised year-end report (11/24/98 – 12/31/98) and the report for the period ended June 30, 1999 are attached as requested. Copies of these reports were also sent to Mr. Adam Ragan.

Thank you very much for your consideration. If you should have any questions or if you need more information, please let us know.

Very sincerely,

  
Stephen E. Callo  
Treasurer

SEC:et

**Let's Go ForWARD Hawaii**  
P. O. Box 3374  
Honolulu, Hawaii 96801-3374

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1999 OCT 20 A 11: 46

13 October 1999

Mr. Adam Ragan  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Dear Mr. Ragan:

The following reports are attached for your files:

1. October 15 through November 23, 1998 (Post - Election Report)
2. November 24 through December 31, 1998 (Year-End Report)
3. January 1 through June 30, 1999 (Mid Year Report)

Copies of the above reports were also sent to Mr. John Velasquez in response to a complaint filed with his office.

Thank you very much for your consideration. If you should have any questions or if you need more information, please let us know.

Very sincerely,

  
Stephen E. Callo  
Treasurer

SEC:et

21 "19" 025 "0442

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1999 OCT 20 A 11:47

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Let's Go ForWARD Hawaii		2. FEC IDENTIFICATION NUMBER C00330803
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P. O. Box 3374		
CITY, STATE and ZIP CODE Honolulu, Hawaii 96801-3374	STATE/DISTRICT HAWAII-01	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

### 4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Termination Report

This report contains activity for  Primary Election 2000  General Election  Special Election  Runoff Election

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
January 1 through June 30, 1999		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	10,326.40	10,326.40
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	10,326.40	10,326.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7,277.61	7,277.61
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	7,277.61	7,277.61
8. Cash on Hand at Close of Reporting Period (from Line 27)	720.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	48,500.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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 STEPHEN E. CALLO	
Signature of Treasurer <i>Stephen E. Callo</i>	Date 10/13/99

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

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21 " 19 " 025 " 0443

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) **Let's Go FORWARD Hawaii** Report Covering the Period:  
From **Jan 1** To **June 30, 1999**

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
<b>I. RECEIPTS</b>			
11 CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) _____	4,150.00		11(a)(i)
(ii) Unitemized _____	6,176.40		11(a)(ii)
(iii) Total of contributions from individuals _____	10,326.40	10,326.40	11(a)(iii)
(b) Political Party Committees _____			11(b)
(c) Other Political Committees (such as PACs) _____			11(c)
(d) The Candidate _____			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	10,326.40	10,326.40	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____			12
13 LOANS:			
(a) Made or Guaranteed by the Candidate _____	10,000.00	10,000.00	13(a)
(b) All Other Loans _____			13(b)
(c) TOTAL LOANS (add 13(a) and (b)) _____	10,000.00	10,000.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____			14
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	20,326.40	20,326.40	16
<b>II. DISBURSEMENTS</b>			
17. OPERATING EXPENDITURES _____	7,277.61	7,277.61	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____			18
19. LOAN REPAYMENTS.			
(a) Of Loans Made or Guaranteed by the Candidate _____	21,500.00	21,500.00	19(a)
(b) Of All Other Loans _____			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____	21,500.00	21,500.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO.			
(a) Individuals/Persons Other Than Political Committees _____			20(a)
(b) Political Party Committees _____			20(b)
(c) Other Political Committees (such as PACs) _____			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____			20(d)
21. OTHER DISBURSEMENTS _____			21
22 TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	28,777.61	28,777.61	22

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	9,171.33	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	20,326.40	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	29,497.73	
26 TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	28,777.61	
27 CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	720.12	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a)(i)

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)

Let's Go FORWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT L. WESTMORELAND 4439 KAHALA AVE. HONOLULU, HI 96816	RETIRED	2/8/99	500 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2,000	Occupation	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code DANIEL W. FULLMER 1750 KALAKAUA AVE. #809 HONOLULU, HI 96826	SELF EMPLOYED	2/8/99	300 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2,000	Occupation COUNSELOR	Aggregate Year-to-Date > \$ 300	
C. Full Name, Mailing Address and ZIP Code JAMES PETTUS JR 292 WAILUPE CIRCLE HONOLULU, HI 96821	RETIRED	2/8/99	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2,000	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code ELLEN BURKLAND 1434 PUNAHOU ST #330 HONOLULU, HI 96822	BEST EFFORTS	2/8/99	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2,000	Occupation	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code DAVID M PELLEGRIN 1315 LOPAKA PL. KAILUA, HI 96734	HONOLULU MAGAZINE	2/8/99	250 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2,000	Occupation PUBLISHER	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) . . . . . 1,550.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (in Full)

Let's Go FORWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BENJAMIN L. MARX, JR 1434 PUNAHOU ST. APT 1131 HONOLULU, HI 96822	RETIRED	3/5/99	300 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 700	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE S. KANAHELE 5079 POOLA PL. HONOLULU, HI 96821	GEORGE S KANAHELE ASSOCIATES	3/5/99	500 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERICK W. FISHER 1940 PARK LANE OREFIELD, PA 18064	BEST EFFORTS	3/5/99	300 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONNIE C. CHAN 28 FLR. STANDARD CHARTERED BANK BLDG. 4 DES VOEUX RD. CENTRAL HONG KONG	BEST EFFORTS	3/6/99	500 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES SHINGLE 3019 KALAKAUA AVE. HONOLULU, HI 96815	RETIRED	3/6/99	1,000 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 2600.00

TOTAL This Period (last page this line number only) ..... 4150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 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)  
Let's Go FORWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER HONOLULU HONOLULU, HI 96813	POSTAGE PUBLIC MAIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/11/99	525.00
CAROLE BRYANT 150 WILDER AVE HONOLULU, HI 9682	REPAIRS- AUTO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/10/99	320.95
FAREDAH USARD 875 PUUOMANO ST HONOLULU, HI 9685	OFFICE SUPPLIES, FOOD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/26/99	267.83
OAHU COMPUTERS 670 ANAHI ST A4 HONOLULU, HI 96814	REPAIRS, SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/21/99	255.21
SHANA DAVIDSON 470 2100 S. BERETANIA ST HONOLULU, HI 96876	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	2/8/99	300.00
HAWAIIAN ELECTRIC CO. P.O. BOX 7975 HONOLULU, HI 96814	ELECTRIC BILL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	2/15/99	418.91
CENTRAL PACIFIC BANK 220 S. KING ST, 2ND FLR HONOLULU, HI 96813	INTEREST- LOC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	2/9/99	402.85
CENTRAL PACIFIC BANK 220 S. KING ST, 2ND FLR HONOLULU, HI 96813	FOOD, SUPPLIES, GAS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	5/28/99	382.00
CENTRAL PACIFIC BANK 220 S. KING ST, 2ND FLR HONOLULU, HI 96813	INTEREST LOC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	5/21/99	444.89

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

2918.64

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 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)

Let's Go ForWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CENTRAL PACIFIC BANK 220 S KING ST, 2ND FLR HONOLULU, HI 96813	INTEREST - LOC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	6/28/99	426.67
CENTRAL PACIFIC BANK 220 S KING ST. HONOLULU, HI 96813	CHECK ORDERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	6/28/99	237.04
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

659.71

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

3578.35

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Name of Committee (in Full) <b>Let's Go FORWARD Hawaii</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Central Pacific Bank 220 S. King Street, 2nd Floor Honolulu, Hawaii 96813</b>	Original Amount of Loan <b>\$60,000.00</b>	Cumulative Payment To Date <b>\$21,500.00</b>	Balance Outstanding at Close of This Period <b>\$38,500.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/31/97</u> Date Due <u>12/31/00</u> Interest Rate <u>10.0</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) in Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>Gene Ward 875 Puuomano Street Honolulu, HI 96826</b>	Original Amount of Loan <b>\$10,000.00</b>	Cumulative Payment To Date <b>-0-</b>	Balance Outstanding at Close of This Period <b>\$10,000.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>2/28/99</u> Date Due <u>indefinite</u> Interest Rate <u>0</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>SUBTOTALS This Period This Page (optional)</b>			<b>\$48,500.00</b>
<b>TOTALS This Period (last page in this line only)</b>			<b>\$48,500.00</b>

COPY "1111" OF "12"

See instructions regarding Schedule C on page 1 of this form. If on Schedule D carry forward to appropriate line of Summary.

Federal Election Commission

ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED  
10-15-95

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other ( Specify): Postmarked  
\_\_\_\_\_  
and/or Date of Receipt

Electronic Filing

*JMU*  
PREPARER

*10-20-95*  
DATE PREPARED

2025 RELEASE UNDER E.O. 14176

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Let's Go ForWARD Hawaii		2. FEC IDENTIFICATION NUMBER C00330803
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P. O. Box 3374		
CITY, STATE and ZIP CODE Honolulu, Hawaii 96801-3374	STATE/DISTRICT HAWAII-01	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report       12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 15 Quarterly Report       30-Day Post-Election Report for the \_\_\_\_\_  
(Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- October 15 Quarterly Report       Termination Report
- January 31 Year End Report       Termination Report
- July 31 Mid-Year Report (Non-election Year Only)       Termination Report

This report contains activity for:       Primary Election 2000       General Election       Special Election       Runoff Election

## SUMMARY

5. Covering Period <u>January 1</u> through <u>June 30, 1999</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) .....	10,326.40	10,326.40
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....	10,326.40	10,326.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7,277.61	7,277.61
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....	7,277.61	7,277.61
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	720.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	48,500.00	

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 STEPHEN E. CALLO	
Signature of Treasurer <i>Stephen E. Callo</i>	Date 10/13/99

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

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**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Let's Go FORWARD Hawaii	Report Covering the Period:	
	From: Jan 1	To: June 30, 1999
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4,150.00	
(ii) Unitemized	6,176.40	
(iii) Total of contributions from individuals	10,326.40	10,326.40
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	10,326.40	10,326.40
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	10,000.00	10,000.00
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	10,000.00	10,000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	20,326.40	20,326.40
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	7,277.61	7,277.61
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	21,500.00	21,500.00
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	21,500.00	21,500.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
<b>21. OTHER DISBURSEMENTS</b>		
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	28,777.61	28,777.61

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	9,171.33	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	20,326.40	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	29,497.73	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	28,777.61	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	720.12	27



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 11 (c)

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)

Let's Go FORWARD Hawaii

219 OF 520

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BENJAMIN L. MARX, JR 1434 PUNAHOU ST. APT 1131 HONOLULU, HI 96822	RETIRED	3/5/99	300 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 700	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE S. KANAHELE 5079 POOLA PL. HONOLULU, HI 96821	GEORGES KANAHELE & ASSOCIATES	3/5/99	500 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERICK W. FISHER 1940 PARK LANE OREFIELD, PA 18069	BEST EFFORTS	3/5/99	300 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONNIE C. CHAN 28 FLR. STANDARD CHARTERED BANK BLDG. 4 DES VOEUX RD. CENTRAL HONG KONG	BEST EFFORTS	3/6/99	500 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES SHINGLE 3019 KALAKAUA AVE. HONOLULU, HI 96815	RETIRED	3/6/99	1,000 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): PRIMARY 2000	Occupation	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 2600.00

TOTAL This Period (last page this line number only) ..... 4150.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 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)

Let's Go FORWARD Hawaii

FESAN098

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER HONOLULU HONOLULU, HI 96813	POSTAGE PUBLIC MAIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/11/99	528.00
CAROLE BRYANT 1550 WILDER AVE HONOLULU, HI 96812	REPAIRS- AUTO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/14/99	320.95
FAREDAH WARD 875 PUUOMANO ST HONOLULU, HI 96815	OFFICE SUPPLIES, FOOD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/26/99	267.83
OATH COMPUTERS 670 ANAHI ST A4 HONOLULU, HI 96814	REPAIRS, SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	1/27/99	255.21
SHANA DAVIDSON 40 2100 S. BERETANIA ST HONOLULU, HI 96816	SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	2/8/99	300.00
HAWAIIAN ELECTRIC CO. P.O. BOX 7978 HONOLULU, HI 96814	ELECTRIC BILL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	2/15/99	418.91
CENTRAL PACIFIC BANK 200 S. KING ST, 2ND FLR. HONOLULU, HI 96813	INTEREST- LOC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	3/1/99	402.85
CENTRAL PACIFIC BANK 200 S. KING ST, 2ND FLR HONOLULU, HI 96813	FOOD, SUPPLIES, GAS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	5/27/99	383.00
CENTRAL PACIFIC BANK 200 S. KING ST, 2ND FLR HONOLULU, HI 96813	INTEREST LOC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	5/27/99	448.89

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

2918.64

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 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)

Let's Go FORWARD Hawaii

21.19.025.61.1

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CENTRAL PACIFIC BANK 220 S KING ST, 2ND FLR HONOLULU, HI 96813	INTEREST - LOC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	6/28/99	426.67
B. Full Name, Mailing Address and ZIP Code CENTRAL PACIFIC BANK 220 S. KING ST. HONOLULU, HI 96813	CHECK ORDERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PRIMARY 2000	6/20/99	237.04
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

659.71

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

2578.25

**LOANS**

Name of Committee (In Full) <b>Let's Go FORWARD Hawaii</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Central Pacific Bank 220 S. King Street, 2nd Floor Honolulu, Hawaii 96813</b>	Original Amount of Loan <b>\$60,000.00</b>	Cumulative Payment To Date <b>\$21,500.00</b>	Balance Outstanding at Close of This Period <b>\$38,500.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/31/97</u> Date Due <u>12/31/00</u> Interest Rate <u>10.0</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
<b>Gene Ward 875 Puuomano Street Honolulu, HI 96826</b>	<b>\$10,000.00</b>	<b>-0-</b>	<b>\$10,000.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>2/28/99</u> Date Due <u>indefinite</u> Interest Rate <u>0</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>SUBTOTALS This Period This Page (optional) .....</b>			<b>\$48,500.00</b>
<b>TOTALS This Period (last page in this line only) .....</b>			<b>\$48,500.00</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

2025-02-27

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION OFFICE

OCT 20 11 45

USE FEC MAILING LABEL OR TYPE OF PRINT

1. NAME OF COMMITTEE (in full) <b>Let's Go ForWARD Hawaii</b>		2. FEC IDENTIFICATION NUMBER <b>C00330803</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P. O. Box 3374</b>		
CITY, STATE and ZIP CODE <b>Honolulu, Hawaii 96801-3374</b>	STATE/DISTRICT <b>HAWAII-01</b>	3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## 4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report for the _____ (Type of Election)
<input checked="" type="checkbox"/> January 31 Year End Report	election on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

This report contains activity for:  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period <u>Nov 24, 1998</u> through <u>Dec 31, 1998</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) .....	4,482.00	498,285.53
(b) Total Contribution Refunds (from Line 20(d)) .....	-0-	450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....	4,482.00	497,835.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11,334.11	564,128.38
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....	11,334.11	564,128.38
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	9,171.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	60,000.00	

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 <b>STEPHEN E. CALLO</b>	
Signature of Treasurer <i>Stephen E. Callo</i>	Date <b>10/13/99</b>

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

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**FEC FORM 3**  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Let's Go FORWARD Hawaii	Report Covering the Period:	
	From:	To:
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b>		
(i) Itemized (use Schedule A) _____	2,000.00	
(ii) Unitemized _____	2,482.00	
(iii) Total of contributions from individuals _____	4,482.00	239,335.53
<b>(b) Political Party Committees</b> _____	-0-	107,500.00
<b>(c) Other Political Committees (such as PACs)</b> _____	-0-	151,450.00
<b>(d) The Candidate</b> _____		
<b>(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))</b> _____	4,482.00	498,285.53
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> _____		
<b>13. LOANS</b>		
<b>(a) Made or Guaranteed by the Candidate</b> _____	-0-	85,000.00
<b>(b) All Other Loans</b> _____		
<b>(c) TOTAL LOANS (add 13(a) and (b))</b> _____	-0-	85,000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> _____		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> _____		
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> _____	4,482.00	593,285.53
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> _____	11,334.11	564,128.38
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> _____		
<b>19. LOAN REPAYMENTS:</b>		
<b>(a) Of Loans Made or Guaranteed by the Candidate</b> _____	-0-	119,900.00
<b>(b) Of All Other Loans</b> _____		
<b>(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))</b> _____	-0-	119,900.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b> _____	-0-	450.00
<b>(b) Political Party Committees</b> _____		
<b>(c) Other Political Committees (such as PACs)</b> _____		
<b>(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))</b> _____	-0-	450.00
<b>21. OTHER DISBURSEMENTS</b> _____	-0-	1,600.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> _____	11334.11	686,078.38

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$ 16,023.44	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$ 4,482.00	24
25. SUBTOTAL (add Line 23 and Line 24) _____	\$ 20,505.44	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$ 11,334.11	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$ 9,171.33	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(2)(i)

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NAME OF COMMITTEE (In Full)

Let's Go FORWARD Hawaii

21 10 025 0460

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS DUDLEY SETO 5216 OIO DR HONOLULU, HI 96821	RETIRED	12/22/98	2,000 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): POST - GENERAL	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS DUDLEY SETO 5216 OIO DR HONOLULU, HI 96821	RETIRED	12/22/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. DUDLEY SETO 5216 OIO DR HONOLULU, HI 96821	RETIRED	12/22/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....	2,000.00
TOTAL This Period (last page this line number only) .....	2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 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)

Let's Go ForWARD Hawaii

FILED OCT 25 1998

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LOVE, YAMAMOTO & MOTOKA 1000 BISHOP ST. SUITE 301 HONOLULU, HI 96813	ATTORNEY FEES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/98	644.69
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANDY BLOM P.O. BOX 205 KAUMAKANI ST. KAUAI. 96747	SALARY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/98	400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GENE WARD 875 PULLMAN ST HON. HI 96825	REIMB. OFC SUPPLY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/7/98	1,919.69
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CENTRAL PACIFIC BANK P.O. BOX 3590 HONOLULU, HI 96811	LOAN INTEREST Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/98	431.35
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PC SIGNS & PROMOTIONS 8772 REMINGTON RD CINCINNATI, OHIO 45242	BUMPER STICKERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/98	1,198.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CUSTOM PRODUCTS 609 WAIKAMILO RD HONOLULU, HI 96817	YARD SIGNS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/98	3,441.47
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HAWAIIAN ELECTRIC CO P.O. BOX 3978 HONOLULU, HI 96812-3978	UTILITIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/98	434.71
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER DOWNTOWN STATION HONOLULU, HI 96813	STAMPS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) POST-GEN	12/22/98	224.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PRIMECO P.O. BOX 630062 DALLAS TX 75263-0062	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/98	257.75

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

9,208.88

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Let's Go ForWARD Hawaii

2010-520-6112

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE PACIFIC CLUB 1451 QUEEN EMMA ST. HONOLULU, HI 96813	FOOD - VOLUNTEERS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) POST GEN.	12/30/98	256.72
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

256.72

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

9,721.82

Name of Committee (In Full) <b>Let's Go FORWARD Hawaii</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Central Pacific Bank 220 S. King Street, 2nd Floor Honolulu, Hawaii 96813</b>	Original Amount of Loan <b>\$60,000.00</b>	Cumulative Payment To Date <b>-0-</b>	Balance Outstanding at Close of This Period <b>\$60,000.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/31/97</u> Date Due <u>12/31/00</u> Interest Rate <u>10.9</u> (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			<b>\$60,000.00</b>
TOTALS This Period (last page in this line only) .....			<b>\$60,000.00</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

21-1-97-520-6-12

**Mrs. Dudley Seto  
5216 Oio Dr  
Honolulu, HI 96821**

October 5, 1999

Let's Go ForWard Hawaii  
P. O. Box 3374  
Honolulu, HI 96801-3374  
Attention: Gene Ward

Dear Gene:

Please redesignate <sup>\$1,000 of</sup> my contribution on December 22, 1998 to the general election.

Thank you very much. Please call me if you should have any questions.

Very sincerely,

*Carol Seto*

Mrs. Dudley Seto  
5216 Oio Dr  
Honolulu, HI 96821

21-19-025-0464

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION ROOM

NOV 20 11 47

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Let's Go ForWARD Hawaii		2. FEC IDENTIFICATION NUMBER C00330803
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P. O. Box 3374		
CITY, STATE and ZIP CODE Honolulu, Hawaii 96801-3374	STATE/DISTRICT HAWAII-01	3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report  12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 15 Quarterly Report
- October 15 Quarterly Report  30-Day Post-Election Report for the General (Type of Election)  
election on Nov. 3, 1998 in the State of Hawaii
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)  Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>Oct. 15, 1998</u> through <u>Nov. 23, 1998</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) .....	266,659.43	493,803.53
(b) Total Contribution Refunds (from Line 20(d)) .....	300.00	450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) .....	266,359.43	493,353.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	239,657.76	552,794.27
(b) Total Offsets to Operating Expenditures (from Line 14) .....		
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) .....	239,657.76	552,794.27
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	16,023.44	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	60,000.00	

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 STEPHEN E. CALLO	Date 10/7/99
Signature of Treasurer 	

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

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FEC FORM 3  
(revised 4/87)

21-19-025-042

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Let's Go ForWARD Hawaii	Report Covering the Period: From: Oct. 15, 1998 To: Nov. 23, 1998	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) _____	50,855.00	
(ii) Unitemized _____	32,854.43	
(iii) Total of contributions from individuals _____	83,709.43	234,853.53
(b) Political Party Committees _____	93,000.00	107,500.00
(c) Other Political Committees (such as PACs) _____	89,950.00	151,450.00
(d) The Candidate _____		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) _____	266,659.43	493,803.53
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> _____		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate _____	-0-	85,000.00
(b) All Other Loans _____		
(c) TOTAL LOANS (add 13(a) and (b)) _____	-0-	85,000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> _____		
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> _____		
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> _____	266,659.43	578,803.53
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> _____	239,657.76	552,794.27
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> _____		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate _____	15,000.00	119,900.00
(b) Of All Other Loans _____		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____	15,000.00	119,900.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees _____	300.00	450.00
(b) Political Party Committees _____		
(c) Other Political Committees (such as PACs) _____		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	300.00	450.00
<b>21. OTHER DISBURSEMENTS</b> _____	-0-	1,600.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> _____	254,957.76	674,744.27
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> _____	\$ 4,321.77	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> _____	\$ 266,659.43	
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> _____	\$ 270,981.20	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b> _____	\$ 254,957.76	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> _____	\$ 16,023.44	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 21  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELEN D. CHRISTIMIAN 3448 HOOKIPA ST KIHU, HI 96753	RETIRED	10/15/98	200 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEAN E. ROLLES 3087 LA PIETRA CIRCLE HONOLULU, HI 96815	OUTRIGGER HOTEL	10/15/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JILL E. FRIERSON 44-517 KANEHOE BAY DR KANEHOE, HI 96744	BEST EFFORTS	10/16/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEO SANDAU P.O. BOX 15757 HONOLULU, HI 96830	BEST EFFORTS	10/15/98	1,500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD COFFEE 99-705 AIEA HTS RD. AIEA HI 96701	BEST EFFORTS	10/15/98 11/20/98	500 - 300 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,100 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.A. HASON 2015 ALA WAI BLVD. P.H. HONOLULU, HI	SELF	10/15/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AUSTIN GUNDERSON TTEE P.O. BOX 3467 HONOLULU, HI 96801	BEST EFFORTS	10/16/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	

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

\$ 950.00

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

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NAME OF COMMITTEE (in Full)

LETS GO FORWARD HAWAII

21-13-005-0462

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR C. HYDE, TTEE 1314 KALAKAUA AVE #1210 HONOLULU, HI 96826	RETIRED	10/21/98 11/02/98	1,000 - 1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEAN LOUIS LE PENOU 1154 KAIMOKU PL HONOLULU, HI 96821	BEST EFFORTS	10/21/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER A BARON 430 E HALELOA PL HONOLULU, HI 96821	GOOD SHEPHERD LUTHERAN CHURCH	10/6/98 10/28/98	250 - 250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PASTOR	Aggregate Year-to-Date > \$ 1,350	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAY WILLIAMSON 492 KEKUPUA ST. HONOLULU, HI 96825	BEST EFFORTS	10/21/98	350 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID ERDMAN 123 MAUNALUA AVE, #C HONOLULU, HI 96821	BEST EFFORTS	10/21/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY WESTCOTT 409 PORTLOCK RD. HONOLULU, HI 96825	SELF EMPLOYED	10/21/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDRE S. TATIBUET 2155 KALAKAUA AVE STE 500 HONOLULU, HI 96815	ASTON RESORTS	10/21/98	2,000 -
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 2,000	

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

2,100.00

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

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NAME OF COMMITTEE (in Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER Y. ARAKAKI 99-923 HULUMANU ST. AIEA, HI 96701	WALTER ARAKAKI GEN. CONTRACTOR, INC.	10/23/98 11/20/98	1,000 - 100 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP KUO HONOLULU, HI	BEST EFFORTS	10/23/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BENJAMIN B CASSIDY JR 5621 KALANIANAOLE HWY HONOLULU, HI 96821	RETIRED	10/23/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROLYN K. ARAKAKI 99-923 HULUMANU ST. AIEA, HI 96701	WALTER Y ARAKAKI GEN. CONTRACTOR	10/23/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRY LUCAS JR P.O. BOX 56467 HOUSTON, TX 77256	BEST EFFORTS	10/23/98	400 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORRIE STOEBER 46-477 HOLELO ST. KANEHE, HI 96744	HONDA WINDBWARD	10/23/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RON MC NICHOLS 1280 PUUALOHA ST KAILUA, HI 96734	JUSTENS	10/23/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ROAST	Aggregate Year-to-Date > \$ 850 -	

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

2,650.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 21  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD H. CONE 30 BRIARWOOD DR EWERSON, PA 19520	BEST EFFORTS	10/17/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM SAUNDERS 2155 KALAKAUA AVE # 500 HONOLULU, HI 96815	BEST EFFORTS	10/17/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROY ISHIHARA P.O. BOX 300 KEALAKEKUA, HI 96750	RETIRED	11/20/98 10/17/98 10/28/98	100 500 - 500 -
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 1,200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARILYN J. HOGAN 3946 FAIRBREEZE CIRCU WESTLAKE VILLAGE, CA 91361	PLEASANT HAWAIIAN HOLIDAYS	10/19/98	2,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 2,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON E. CARROLL 200 AKAMAINUI ST MILILANI, HI 96789	BEST EFFORTS	10/20/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEONARD F. ALCANTARA 217 PROSPECT ST, #MB HONOLULU, HI 96813	ALCANTARA & FRAME	10/21/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONNA L. ALCANTARA 217 PROSPECT ST, #M8 HONOLULU, HI 96813	REPUBLICAN PARTY OF HAWAII	10/21/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation CHAIR	Aggregate Year-to-Date > \$ 1,050	

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

4,600.00

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

21-17-025-0470

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NAME OF COMMITTEE (in Full)

LETS GO FORWARD HAWAII

47-025-11

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
APRIL MASINI 1133 IKENA CIR. HONOLULU, HI 96821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	AL MASINI PRODUCTIONS Occupation: PRESIDENT & CEO Aggregate Year-to-Date > \$ 700-	10/23/98	500-
ANN KANESHIRD 235 NONOU ST HONOLULU, HI 96825 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	BEST EFFORTS Occupation: Aggregate Year-to-Date > \$ 1,100	10/26/98	500-
DEBRA MUDD 1081 MAKEPONO ST HONOLULU, HI 96819 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RSI ROOFING Occupation: OWNER Aggregate Year-to-Date > \$ 2,000	12/26/98	1,000-
CONCHITA SMOOT 550 POIPU DR HONOLULU, HI 96825 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNITED AIRLINES Occupation: TICKET AGENT Aggregate Year-to-Date > \$ 250	10/27/98	250-
MYRNA MIGUEL 99-386 WELEHU ST MILILANI TOWN, HI 96787 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NONE Occupation: Aggregate Year-to-Date > \$ 250	10/27/98	250-
MITSUKO MIYAHARA 1563 KANAPUHI DR. KAILUA, HI 96734 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NONE Occupation: Aggregate Year-to-Date > \$ 250	10/27/98	250-
MICHAEL LUMBEL P.O. BOX 5598 46 DE MINT FOR CONGRESS, GREENVILLE SC 29606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	BEST EFFORTS Occupation: CONSULTANT Aggregate Year-to-Date > \$ 1,000	10/26/98	1000-
SUBTOTAL of Receipts This Page (optional) .....			3,750.00
TOTAL This Period (last page this line number only) .....			.

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES F. GARY 130 MERCHANT ST. # 1080 HONOLULU, HI 96813	BEST EFFORTS	10/26/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM LF HUDDY 6008 KAWAIHAU RD KAPAA, HI 96746	RETIRED	10/27/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER Z. RESICH 821 IKENA CIRCLE HONOLULU, HI 96821	POMARE LTD	10/27/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS MANAGER	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD CHONG JR P.O BOX. 17659 HONOLULU, HI 96817	SELF EMPLOYED	10/28/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONNIE C CHAN 28 FLR STANDARD CHARTED BANK 4 DES VOEUX RD. CENTRAL HONG KONG	BEST EFFORTS	10/28/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLARK G HATCH 3859 POKAPAHU PL HONOLULU, HI 96816	CLARK HATCH FITNESS CENTER	10/28/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES J HEITZMAN 1330 ALA MOANA BLVD # 908 HONOLULU, HI 96814	WATT HOMES HI	10/28/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT & CEO	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) ..... 3,250.00

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

2010-05-07 11:11

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORMAN HONG 639 KAULANA PL HONOLULU, HI 96821	GROUP 70	10/28/98	400 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation ARCHITECT		
	Aggregate Year-to-Date > \$680		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEILI TELLER HONOLULU, HAWAII	BEST EFFORTS	10/28/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR RICHARDSON 3755 PUKALANI PL. HONOLULU, HI 96816	UNIVERSITY OF HAWAII	10/28/98	250 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$550		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMEST PETTUS, JR 292 WAILUPE CIRCLE HONOLULU, HI 96821	RETIRED	10/29/98 11/20/98	500 - 250 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$1,850		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD ROBERT QUARTEL, JR 3220 NEBRASKA AVE. NW WASHINGTON DC 20016	BEST EFFORTS	10/29/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES W GROWNEY H201 BOX 281 KAMUELA, HI 96743	BEST EFFORTS	10/29/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIELDSTEAD & CO P.O. BOX 19061 IRVINE, CA 92623	BEST EFFORTS	10/29/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$1,000		

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

4,400.00

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

2110520173

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

1440 520 61 21 10 025 071

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HUI CHEN CHENG 3012 KAHALOA DR HONOLULU, HI 96822	MRS CHEN'S TOFU	10/29/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: OWNER	Aggregate Year-to-Date > \$ 1,500	
<del>B. Full Name, Mailing Address and ZIP Code</del>	<del>Name of Employer</del>	<del>Date (month, day, year)</del>	<del>Amount of Each Receipt this Period</del>
<del>PAUL E SMITH 2650 PACIFIC HTS RD HONOLULU, HI 96813</del>	<del>PACIFIC ALLIED PROD.</del>	<del>10/30/98</del>	<del>2,000 -</del>
<del>Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</del>	<del>Occupation: OWNER</del>	<del>Aggregate Year-to-Date &gt; \$ 2,000</del>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LORAINÉ P. SHIN 184 PUEO ST HILO, HI 96720	BEST EFFORTS	10/30/98	250 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT K KISHI HONOLULU, HI	BEST EFFORTS	10/30/98	300 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 300	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY A RIZALA HONOLULU, HI	BEST EFFORTS	10/30/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 1,500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER H. BILLINGHAM P.O. BOX 3436 HONOLULU, HI 96801	CARL ERDMAN TRAVEL INC	11/02/98	250 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: PRESIDENT	Aggregate Year-to-Date > = 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JARED JOSSEM 85 DOWSETT AVE. HONOLULU, HI 96817	JOSSEM TOYAFUKU & CLARK	11/02/98	250 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 250	

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

2,250.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C DUDLEY PRATT JR 276 N KALAHOE AVE KAILUA, HI 96734	CAMPBELL ESTATE	11/02/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TRUSTEE	Aggregate Year-to-Date > \$ 350	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRED ANAWATI 91-607 MALAKOKE RD KAPOLEI, HI 96707	MARISCO LTD	11/02/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEER	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACOB Y. O. CHUNG, JR 99-185 OHEKANI LP AIEA, HI 96701	FED. FIRE DEPT	11/02/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FIRE INSPECTOR	Aggregate Year-to-Date > \$ 750	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REX A WEIGEL, DC 345 KEKUANDA HILO, HI 96720	HILO ACCIDENT - INDUSTRIAL INJURY CLINIC	11/02/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SELF EMPLOYED	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MILDRED KING DUNN 913 HARVARD AVE EAST SEATTLE, WA 98102	RETIRED	11/02/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHY GRANDINETTI 1013 PROSPECT ST. # 1017 HONOLULU, HI 96822	RETIRED	11/13/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN TARUMOTO 876 CURTIS ST # 2304 HONOLULU, HI 96813	BEST EFFORTS	11/9/98	50 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,100	

SUBTOTAL of Receipts This Page (optional) ..... 3,300.00

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

2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 4(a)(i)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

2110050172

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDRES ALBANO 748 KOKOMO PL HONOLULU, HI 96825	BEST EFFORTS	10/27/98	200-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH BALDWIN 1434 PUNAHOU ST. APT 329 HONOLULU, HI 96822	BEST EFFORTS	10/28/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	11/03/98	100-
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELMER BOTSAI 321 WAILUPE CIRCLE HONOLULU, HI 96821	BEST EFFORTS	11/2/98	100 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	11/20/98	100 -
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MADALINE M BOYES 2525 DATE STREET # 3501 HONOLULU, HI 96826	BEST EFFORTS	11/5/98	25 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 225	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINH NHAT BUI 4134 KOKODRIVE HONOLULU, HI 96816	BEST EFFORTS	10/23/98	200 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 375	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHU CHONG P.O. BOX 27752 HONOLULU, HI 96827	BEST EFFORTS	11/2/98	100 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WINIFRED COCKET 4111 PAPU CIRCLE HONOLULU, HI 96816	RETIRED	10/20/98	250 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 375	

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

1,125.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 21

FOR LINE NUMBER 1(a)(i)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES COFFEY 1717 ALA WAI BLVD # 290 HONOLULU, HI 96815	RETIRED	10/27/98 11/20/98	100 - 200 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 900	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROLYN CRAIG 2979 KALAKAUA AVE HONOLULU, HI 96815	NONE	10/21/98	100 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 350	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAYMOND DE HAY 311 IHIWATI LOOP KAILUA HI 96734	SELF	10/23/98 11/2/98	75 - 100 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 475	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOYCE EDWARDS 1054 MOKUHAND ST HONOLULU, HI 96825	SYSTEMCENTER	10/21/98	200 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation OWNER	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS ENRIQUEZ MD 8 HARBORAGE ISLE FORT LAUDERDALE, FL 33316	SELF	10/26/98	100 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 400	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEAN EYRE JR 1556 AULENA PLACE HONOLULU HI 96734	RETIRED	11/2/98	100 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 400	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES F FITZPATRICK 2601 HILLSBORD RD STE N4 NASHVILLE TN 37212	ALM CO	10/23/98	50 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation DATA PROCESSING	Aggregate Year-to-Date > \$ 225	

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

1,025.00

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

21 10 005 017

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT FOWLER 531 HAHAIONE ST #9E HONOLULU HI 96825	RETIRED	11/5/98	25-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL W FULLMER 1750 KALAKAUA AVE #809 HONOLULU HI 96826	SELF	11/2/98	200-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PSYCHOLOGIST	Aggregate Year-to-Date > \$ 400	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESTER H GAMBUE P.O. BOX 9016 KEALAKEKUA HI 96750	BEST EFFORTS	10/28/98 11/2/98	200- 100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD GOVONI 92-1313 HUNEKAI ST KAPOLEI HI 96707	BANK OF HAWAII	10/17/98 10/27/98 11/20/98	75- 50- 50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROJECT MANAGER	Aggregate Year-to-Date > \$ 475	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL GRAB 4644 KOLOHALA ST HONOLULU HI 96816	BEST EFFORTS	11/4/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 700	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERNEST CUNTER 580B N KALAHOU AVE. KAILUA HI 96734	ALL SHIP & CARGO SURVEY	10/21/98 10/24/98	50- 50-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MARINE SURVEYOR	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA HANCOCK 553 PEPEEKEO ST #3 HONOLULU HI 96825	RETIRED	10/27/98 11/20/98	50- 150-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 700	

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

1,050.00

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

2000-01-01

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON HASENYAGER 235 KUUHOA PL KAILUA HI 96734	RETIRED	10/20/98	50 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 800	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADM RONALD HAYS 869 KAMOI PLACE HONOLULU HI 96825	PARSONS CORP/GTE	11/5/98	50 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM HEDGEM 1630 LIHOLIHO ST # 709 HONOLULU HI 96822	M DYER & SONS	10/21/98 11/2/98	100 - 100 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SALES	Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY Y HIGA 611 WEST HIND DR HONOLULU HI 96821	BEST EFFORTS	10/28/98	150 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 700	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAYLE HONG 3755 PUKALANI PLACE HONOLULU HI 96816	HOUSE OF HONG	10/21/98 11/20/98	100 - 50 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASST. MANAGER	Aggregate Year-to-Date > \$ 350	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRIET Y KUWAMOTO 3135 KAIMUKI AVE HONOLULU HI 96816	RETIRED	10/17/98 10/28/98	50 - 50 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAM LIVINGSTONE 705 KEALAHOU ST HONOLULU HI 96825	TRIMARK HAWAII	10/20/98	50 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 1,300	

SUBTOTAL of Receipts This Page (optional) ..... 750.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LET'S GO FORWARD HAWAII**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN LOWREY P O BOX 6989 KAMUELA HI 96743	RETIRED	10/28/98 11/20/98	50- 50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BETTY M LYONS 6770 HAWAII KAI DR STE 505 HONOLULU, HI 96825	RETIRED	10/28/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 525	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN J LYONS 6770 HAWAII KAI DR STE 505 HONOLULU, HI 96825	RETIRED	10/24/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 525	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COL LEROY A MADERA 98-719 IHO PLACE STE 104 AIEA HI 96701	RETIRED	10/17/98 10/30/98	100- 100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARELL MALAK 1860 ALA MOANA BLVD STE 608 HONOLULU HI 96815	RETIRED	10/30/98 11/2/98	50- 50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAPT WILLIAM MARTIN 876 CURTIS ST # 3004 HONOLULU HI 96813	RETIRED	10/26/98 10/28/98	100- 100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 325	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT MATSUMOTO 2714 KAHUALOHA LN STE 908 HONOLULU HI 96826	BEST EFFORTS	10/21/98	50-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	

TOTAL of Receipts This Page (optional) .....

750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)  
 > LETS GO FORWARD HAWAII

FORM 500-6T-72

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHY MCMILLAN 4551 KAHALA AVE HONOLULU HI 96816	RETIRED	10/20/98 10/30/98	50- 100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 550	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID E MILOTTA 46-490 HAIKU PLANTATION DR KANEHOE HI 96744	RETIRED	10/28/98 11/4/98 11/4/98	25- 50- 25-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID R MONCRIEF 46-534 HAIKU PLANTATION PLA KANEHOE HI 96744	SELF	11/5/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENT MKTG	Aggregate Year-to-Date > \$ 225	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH N MOORE 1011 KALOALOA ST HONOLULU HI 96825	BEST EFFORTS	11/5/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 450	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK H. MOORE 1632 HALEKOA ST HONOLULU HI 96825	BEST EFFORTS	11/5/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR WILLIAM MOORE 4747 KILAUEA AVE HONOLULU HI 96816	WILLIAM F MOORE MD INC.	10/26/98 11/4/98 11/5/98	200- 200- 100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 700	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBRA MUDD 1081 MAKEPONO ST HONOLULU HI 96819	RSI ROOFING	10/17/98 10/26/98	500- 1,000-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 2,000	

SUBTOTAL of Receipts This Page (optional) .....	1,000.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 21

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

2010-02-06 12

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRYANT NEAL P.O. BOX 1799 HONOKAA HI 96727	RETIRED	10/28/98 11/2/98	100- 50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LU NEVELS 542 KUMUKAHI PL HONOLULU HI 96825	SELF	10/29/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 350	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C CLYDE NIXON P O BOX 604 HANA HI 96713	COMMUNITY INSURAN. SVCS. INC	10/29/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE BROKER	Aggregate Year-to-Date > \$ 325	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM H NUTTING 1655 MAKALOEA ST STE 2203 HONOLULU, HI 96814	BEST EFFORTS	11/2/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD O'SHAUGHNESSY 1434 PUNAHOU ST STE 617 HONOLULU, HI 96822	RETIRED	11/2/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY T ODA 409 MAMAKI ST HONOLULU HI 96821	NETS HAWAII	10/29/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GLASS ETCHER	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANSON REGO 85-333 FARRINGTON HWY WAINAE HI 96792	SELF	10/21/98	35-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 235	

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

485.00

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

CHEDULE A

ITEMIZED RECEIPTS

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

PAGE 77 OF 121  
FOR LINE NUMBER 11 (G) (I)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

21.19.025.0463

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL ROSSELL 1145 FORT ST MALL #307 HONOLULU, HI 96813	PRODUCTIONS HI	10/21/98 10/27/98 10/30/98	100- 100- 50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$ 450	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH SAUER 2014 AANUI LOOP PEARL CITY HI 96782	BEST EFFORTS	10/23/98 11/3/98	100- 100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 400	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILL SETTLE JR 61 AKILOLO ST HONOLULU HI 96821	ASTON HOTELS & RESORTS	10/21/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P.	Aggregate Year-to-Date > \$ 1600	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR JOHN A SHEEDY 34 NIUHI ST HONOLULU HI 96821	STATE OF HAWAII	10/21/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 800	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J SPECK 652 KUMUKAHI PL HONOLULU HI 96825	RETIRED	11/2/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR ARTHUR Y SPRAGUE 2874 KOMAIA PL HONOLULU HI 96822	SELF EMPLOYED	10/28/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 400	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY M TAYLOR 900 FORT ST MALL STE 1620 HONOLULU HI 96813	SELF	10/20/98	150-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) ..... 950.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 18 OF 21  
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

LET'S GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIGERU TOMITA 6175 MAKANIOLU PL. HONOLULU HI 96821	BEST EFFORTS	11/5/98	100 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DORIAN TRAVERS 1540 MAGAZINE ST #B5 HONOLULU HI 96822	BEST EFFORTS	10/30/98	35 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 235	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELEN L VAN ETEN 6770 HAWAII KAI DR #1201 HONOLULU HI 96825	BEST EFFORTS	10/21/98	225 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 225	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES WARD 1630 LIHOLIHO ST #1802 HONOLULU HI 96822	RETIRED	10/21/98 10/30/98	50 - 50 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 275	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS J WELLS 919 PUNAHELE PL HONOLULU HI 96821	RETIRED	11/2/98 11/20/98	50 - 60 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 335	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAY WILLIAMSON 492 KEKUPUA ST HONOLULU HI 96825	BEST EFFORTS	10/21/98 10/21/98	150 - 350 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KURT WINNER 133 POULHALE PLACE HONOLULU HI 96825	COASTAL WINDOWS	10/27/98	100 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE	Aggregate Year-to-Date > \$ 350	

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

1,170.00

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

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

3340-520-01-1

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR KENNETH YASUHARA 98-620 KAMAAMILO ST AIEA HI 96701	SELF	10/1/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 350	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY YOUNG 2119 WILDER AVE HONOLULU HI 96822	BEST EFFORTS	10/21/98 10/30/98 11/20/98	50- 50- 50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 275	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER YOUNG 2618 FERDINAND AVE HONOLULU HI 96822	SELF	10/29/98	50-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY ZANE 2831 DOELUA ST HONOLULU HI 96822	RETIRED	10/20/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M JOHN UEBEHART 4609 GOLF CREEK DR TOLEDO OHIO 43623	TELXON	10/20/98	100-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SALES MANAGER	Aggregate Year-to-Date > \$ 700	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TAEKO SUZUKI TRUST 929 AHANA ST APT 104 HONOLULU HI 96814	BEST EFFORTS	11/20/98	300-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G E SCHUMAN P.O. BOX 2420 HONOLULU HI 96804	BEST EFFORTS	11/20/98	500-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional) .....	1700.00
TOTAL This Period (last page this line number only) .....	50,855.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Let's Go ForWARD Hawaii

9840 "520" 61" 12

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LED SANDAU P.O. BOX 15757 HONOLULU, HI 96870	BEST EFFORTS	10/15/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LED SANDAU P.O. BOX 15757 HONOLULU, HI 96870	BEST EFFORTS	10/15/98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR C. HYDE, TEE 1314 KALAKAUA AVE #1210 HONOLULU, HI 96826	RETIRED	10/21/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR C. HYDE, TEE 1314 KALAKAUA AVE # 1210 HONOLULU, HI 96826	RETIRED	11/2/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDRE S. PATIBOUET 2155 KALAKAUA AVE STE 500 HONOLULU, HI 96815	ASTON RESORTS	10/21/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDRE S. PATIBOUET 2155 KALAKAUA AVE # 500 HONOLULU, HI 96815	ASTON RESORTS	11/21/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER Y. ARAKAKI 99-923 HULUMANU ST AIEA, HI 96701	WALTER ARAKAKI GEN. CONTRACTOR, INC.	10/22/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) ..... 6,500.00

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



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(a)(b)

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NAME OF COMMITTEE (in Full)

Let's Go FORWARD Hawaii

21.19.02.0494

<p>A. Full Name, Mailing Address and ZIP Code                  REPUBLICAN NATIONAL C'TEE                  310 FIRST STREET                  WASHINGTON, DC 20003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  PARTY CMTEE</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 5,000</p>	<p>Date (month, day, year)                  10/19/98</p>	<p>Amount of Each Receipt this Period                  1,500.00                  5,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code                  REPUBLICAN PARTY OF HAWAII                  1947 S. KING ST                  HONOLULU, HI 96819</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  PARTY COMMITTEE</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 35,000</p>	<p>Date (month, day, year)                  10/25/98</p>	<p>Amount of Each Receipt this Period                  25,000.00                  COORDINATED EXPENSE</p>
<p>C. Full Name, Mailing Address and ZIP Code                  REPUBLICAN NATIONAL COMMITTEE                  310 FIRST STREET                  WASHINGTON, DC 20003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  PARTY COMMITTEE</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 68,000</p>	<p>Date (month, day, year)                  10/15/98</p>	<p>Amount of Each Receipt this Period                  63,000.00                  COORDINATED EXPENSE</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) ..... 93,000.00

TOTAL This Period (last page this line number only) ..... 93,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9  
FOR LINE NUMBER 11(a)(c)

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NAME OF COMMITTEE (In Full)

LET'S GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAT. READY MIX CONCRETE ASSOC. PAC 900 SPRING ST SILVER SPRING, MD 20910	PAC	11/16/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PAC	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DUPONT GOOD GOVERNMENT FUND 1007 MARKET ST. WILMINGTON, DELAWARE 19898	PAC	10/16/98	1,500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PAC	Aggregate Year-to-Date > \$ 1,500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAT. BEER WHOLESALERS ASSOC. 1100 S. WASHINGTON ST. ALEXANDRIA, VA 22314	PAC	10/16/98	5,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General DEBT REDUCTION	Occupation PAC	Aggregate Year-to-Date > \$ 5,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAT. BEER WHOLESALERS ASSOC. 1100 S. WASHINGTON ST. ALEXANDRIA, VA 22314	PAC	10/16/98	5,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PAC	Aggregate Year-to-Date > \$ 5,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM - CPC PAC P.O. BOX 22614 ALEXANDRIA, VA 22304	PAC	10/15/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PAC	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRICE WATERHOUSE COOPERS PAC 1900 K. ST. N.W WASHINGTON, DC 20006	PAC	10/16/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PAC	10/26/98	500 -
		Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REPUBLICAN NATIONAL LITTEE 310 FIRST STREET SE WASHINGTON, DC 20003	PARTY CMTE	10/15/98	31,500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation PARTY CMTE	10/19/98	5,000 -
		10/30/98	31,500 -
		Aggregate Year-to-Date > \$ 68,000	

SUBTOTAL of Receipts This Page (optional) ..... 14,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 9  
FOR LINE NUMBER 1(2)10

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NAME OF COMMITTEE (in Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TEXANS FOR HENRY BONILLA 3905 TATTNALL SCHERTZ, TEXAS 78154	CANDIDATE CMTE	10/20/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CANDIDATE CMTE	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAT PAC 400 CAPITOL MALL SUITE #1560 SACRAMENTO, CA 95814	PAC	10/20/98	2,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 2,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR ANDERSON PAC 1666 K ST, N.W. WASHINGTON, DC 20006	PAC	10/20/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UPS PAC 55 CLEVELAKE PARKWAY N.E. ATLANTA, GA 30328	PAC	10/20/98	2,500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 3,500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUILDING OUR BASES PAC A P.O. BOX 15377 NEW ORLEANS, LA 70115	PAC	10/21/98	5,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 10,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUSINESS - INDUSTRY PAC 888 16TH ST. N.W. WASHINGTON, DC 20006	PAC	10/22/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 2,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PEAT MARWICK PAC P.O. BOX 18254 WASHINGTON, DC 20036	PAC	10/22/98	3,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 3,000	

SUBTOTAL of Receipts This Page (optional) ..... 15,000.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9  
FOR LINE NUMBER 11(a)(c)

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NAME OF COMMITTEE (in Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NFIB SAFE TRUST 600 MARYLAND AVE. SW. STE 700 WASHINGTON, DC 20024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC Aggregate Year-to-Date > \$ 10,000	10/21/98	5,000 -
AFIT PAC 112 S. WEST ST. STE 310 ALEXANDRIA, VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC Aggregate Year-to-Date > \$ 1,000	10/22/98	1,000 -
MAJORITY LEADER'S FUND P.O. BOX 995 LEWISVILLE, TX 75067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC Aggregate Year-to-Date > \$ 10,000	10/23/98	5,000 -
BILL BAKERS PAC P.O. BOX 4544 WALNUT CREEK, CA 94596 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC Aggregate Year-to-Date > \$ 1,500	10/23/98	1,500 -
BAYOU LEADER PAC 1230 DARTMOUTH RD. ALEXANDRIA, VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC Aggregate Year-to-Date > \$ 500	10/23/98	500 -
MAPPS PAC 12020 SUNRISE VALLEY DR # 100 RESTON, VA 22091 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC Aggregate Year-to-Date > \$ 500	10/26/98	500 -
8TH SENATORIAL DISTRICT 550 POIPIU DR. HONOLULU, HI 96825 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC Aggregate Year-to-Date > \$ 250	10/27/98	250 -

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

13,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 9  
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NAME OF COMMITTEE (In Full)

LET'S GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEEP OUR MAJORITY PAC P.O. BOX 422 YORKSVILLE, IL 60560	PAC	10/26/98	1000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE NEW REPUBLICAN MAJORITY FUND PAC 228 S WASHINGTON ST #200 ALEXANDRIA, VA 22314	PAC	10/28/98	5,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 5,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUFF PAC 7526-B DIPLOMAT DR MANASSAS, VA 22110	PAC	10/27/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RYAN FOR CONGRESS P.O. BOX 826 TOPEKA, KS 66601	PAC	10/27/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DERM PAC 750 HOMEWOOD AVE STE 130 HIGHLAND PARK, IL 60035	PAC	10/27/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RADANOVICH FOR CONGRESS 1251 E DYER RD #100 SANTA ANA, CA 92705	CANDIDATE CMTE	10/27/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CANDIDATE CMTE	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
USAA GROUP PAC USAA BUILDING F-3-E SAN ANTONIO, TX 78288	PAC	10/27/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 1,000	

SUBTOTAL of Receipts This Page (optional) ..... 10,000.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(c)

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NAME OF COMMITTEE (in Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DELOITTE & TOUCHE, LLP PAC P.O. BOX 365 WASHINGTON, DC 20044	PAC	10/28/98	1,500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 1,500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAMPAIN FOR WORKING FAMILIES 499 S. CAPITOL ST., S.E #410 WASHINGTON, DC 20003	PAC	10/28/98	2,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 3,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF NEWT GINGRICH P.O. BOX 1399 ROSWELL, GA 30077	CANDIDATE C'TTEE	10/28/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CANDIDATE C'TTEE	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIGHT PAC P.O. BOX 75862 WASHINGTON, DC 20013	PAC	10/28/98	1,500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 1,500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN HEALTH CARE ASS. PAC 1201 L ST., N.W. WASHINGTON, DC 20005	PAC	10/28/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFIT PAC 112 S. WEST ST. STE 310 ALEXANDRA, VA 22314	PAC	10/28/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 2,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.O. SMITH PAC P.O. BOX 23969 MILWAUKEE, WI 53223	PAC	10/28/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional) .....	8,000.00
TOTAL This Period (last page this line number only) .....	

SUN 10/28/98

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL CATTLEMANS BEEF ASSOC 5420 S. QUEBEC ST P.O. BOX 3469, GREENWOOD VLG. CO 80155	PAC	10/28/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS FOR JENNIFER B. DUNN P.O. BOX 40110 BELLEVUE, WA 98015	CANDIDATE CMTE	10/28/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CANDIDATE CMTE	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRECISION METALFORMING ASSOC 27027 CHARDON RD RICHMOND HTS, OH 44143	PAC	10/28/98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OXY PAC 10889 WILSHIRE BLVD LOS ANGELES, CA 90024	PAC	10/29/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NUCA PAC 4301 FAIRFAX DR #360 ARLINGTON, VA 22203	PAC	10/30/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INTERNATIONAL COUNCIL OF SHOPPING CENTERS, INC PAC 345 QUEEN ST #400 HONOLULU, HI 96813	PAC	10/30/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REFORM PAC 4520 KING ST #807 ALEXANDRIA, VA 22302	PAC	10/30/98	750 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC	Aggregate Year-to-Date > \$ 750	

SUBTOTAL of Receipts This Page (optional)

5,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHEURON EMPLOYEES PAC 575 MARKET ST. RM 908 SAN FRANCISCO, CA 94105 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC	10/30/98	4,000 -
Aggregate Year-to-Date > \$ 4,000			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NRA - POLITICAL VICTORY FUND 11250 WAPLES MILL RD FAIRFAX, VA 22030 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC	10/30/98	4,950 -
Aggregate Year-to-Date > \$ 4,950			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILLIPS PUBLISHING INTL, INC 7811 MONTROSE RD POTOMAC, MD 20854 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC	11/02/98	1,000 -
Aggregate Year-to-Date > \$ 1,000			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAFE PAC 5918 STONERIDGE MALL RD PLEASANTON, CA 94588 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC	11/02/98	1,000 -
Aggregate Year-to-Date > \$ 1,000			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF JOE PITTS P.O. BOX 775 UNIONVILLE, PA 19375 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CANDIDAT CMTE Occupation CANDIDATE CMTE	11/02/98	1,000 -
Aggregate Year-to-Date > \$ 1,000			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CONTINUE THE MAJORITY PAC P.O. BOX 533971 ORLANDO, FL 32853 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC Occupation PAC	11/02/98	1,500 -
Aggregate Year-to-Date > \$ 1,500			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERNEST ISTOOK FOR CONGRESS 5400 N GRAND, STE 100 OKLAHOMA CITY, OK 73112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CANDIDATE CMTE Occupation CANDIDATE CMTE	11/02/98	1,000 -
Aggregate Year-to-Date > \$ 1,000			

SUBTOTAL of Receipts This Page (optional) ..... 14,450.00

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

SCHEDULE A

MIZED RECEIPTS

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

PAGE 8 OF 19  
FOR LINE NUMBER 11 (2)(C)

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NAME OF COMMITTEE (In Full)

LETS GO FORWARD HAWAII

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER COX CONGRESS. CITE P.O. BOX 8088 C NEWPORT BEACH, CA 92658	CANDIDATE CMTTE	11/02/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: CANDIDATE CMTTE		
	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEADERSHIP 2000 1316 LAKE VICTORIA DR LAKE WORTH, FL 33461	PAC	11/03/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: PAC		
	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FAITH, FAMILY & FREEDOM PAC 321 E WESTFIELD BLVD. INDIANAPOLIS, IN 46220	PAC	11/03/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: PAC		
	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARM PAC 1155 21ST ST N.W. STE 200 WASHINGTON, DC 20036	PAC	11/03/98	2,500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: PAC		
	Aggregate Year-to-Date > \$ 2,500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PACE PAC P.O. BOX 4030 MAIL NO NH250 GOLDEN, COLORADO 80401	PAC	11/03/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: PAC		
	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAUS - PAC 5535 HEMPSTEAD WAY SPRINGFIELD, VA 22151	PAC	11/03/98	500 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: PAC		
	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADAM SMITH PAC P.O. BOX 2392 TAMPA, FL 33601	PAC	10/29/98	1,000 -
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: PAC		
	Aggregate Year-to-Date > \$ 1,000		

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

7,500.00

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

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NAME OF COMMITTEE (In Full)  
**LETS GO FORWARD HAWAII**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HALLIBURTON PAC HONOLULU HI	PAC	10/26/98	1,500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		
	Aggregate Year-to-Date > \$ 1,500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL UTILITY CONTRACTORS 4301 N FAIRFAX DR STE 360 ARLINGTON VA 22203	PAC	10/30/98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC		
	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<del>REPUBLICAN PARTY OF HAWAII 1947 S KING ST HONOLULU HI 96819</del>	<del>PARTY CMTE</del>	<del>10/20/98</del>	<del>25,000 -</del>
<del>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</del>	<del>Occupation PARTY CMTE</del>		
	<del>Aggregate Year-to-Date &gt; \$ 35,000</del>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	2,000.00
TOTAL This Period (last page this line number only) .....	89,950.00

RECEIVED FOR THE

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Let's Go ForWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARIAN'S CATERING P.O. BOX 370 WAHIAWA, HI 96786	FOOD FOR FUNDRAIS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	1,000 -
B. Full Name, Mailing Address and ZIP Code MM & M ADVERTISING 1350 S. KING ST # 230 HONOLULU, HI 96814	Purpose of Disbursement TV ADS BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/98	20,149 -
C. Full Name, Mailing Address and ZIP Code MARIAN'S CATERING P.O. BOX 370 WAHIAWA, HI 96786	Purpose of Disbursement FOOD FOR FUNDRAISER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	1,187.49
D. Full Name, Mailing Address and ZIP Code MM & M ADVERTISING 1350 S. KING ST. #230 HONOLULU, HI 96814	Purpose of Disbursement TV ADS BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	10,000 -
E. Full Name, Mailing Address and ZIP Code THE PACIFIC CLUB 1451 QUEEN EMILIA ST HONOLULU, HI 96813	Purpose of Disbursement CAMPAIGN LUNCHES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	227.71
F. Full Name, Mailing Address and ZIP Code MM & M ADVERTISING 1350 S. KING ST # 230 HONOLULU, HI 96814	Purpose of Disbursement TV ADS BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	15,420.47
G. Full Name, Mailing Address and ZIP Code SHANA DAVIDSON 40 2130 S BERETANIA ST HONOLULU, HI 96826	Purpose of Disbursement REIM. AD - CHINESE PAPER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	643.33
H. Full Name, Mailing Address and ZIP Code MM & M ADVERTISING 1350 S. KING ST. #230 HONOLULU, HI 96814	Purpose of Disbursement TV ADS BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	5,317.30
I. Full Name, Mailing Address and ZIP Code SHANA DAVIDSON 40 2130 S. BERETANIA ST HONOLULU, HI 96826	Purpose of Disbursement REIM. STAMPS, OFC SUPP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	783.47

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

54,728.77

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Let's Go FORWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CARDINAL MAILING 552 N. NIMITZ HWY HONOLULU, HI 96817	MAILING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	1,949.10
B. Full Name, Mailing Address and ZIP Code US POSTMASTER 3600 AOLELE ST HONOLULU, HI 96820	STAMPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	320.00
C. Full Name, Mailing Address and ZIP Code US POSTMASTER 3600 AOLELE ST HONOLULU, HI 96820	BULK MAIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	365.00
D. Full Name, Mailing Address and ZIP Code PACIFIC EXPOSITION 1600 KAPIOLANI BLVD #1616 HONOLULU, HI 96814	NEW PRODUCTS SHOW Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	921.88
E. Full Name, Mailing Address and ZIP Code RSI ROOFING 1081 MAKEPONO ST HONOLULU, HI 96819	RETURN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	500.00
F. Full Name, Mailing Address and ZIP Code CHEMI-PURE PRODUCTS LTD 1615 DEMOCRAT ST HONOLULU, HI 96819	RETURN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	500 -
G. Full Name, Mailing Address and ZIP Code POSTMASTER 3600 AOLELE ST HONOLULU, HI 96820	STAMPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98	320 -
H. Full Name, Mailing Address and ZIP Code MM & M ADVERTISING 1350 S KING ST #230 HONOLULU, HI 96814	TV, PRINT & BULK MAIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/98 10/27/98	4,981 - 14,593 -
I. Full Name, Mailing Address and ZIP Code RODRIGUES & CO 3100 NEWCASTLE RD NEWCASTLE, CA 95658	SALARIES & REIMB OF EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98 10/27/98	669.58 5,000 -

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

30,119.56

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Let's Go FORWARD Hawaii

2025-03-01 10:00 AM

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KAIM BROADCASTING 3555 HARDING AVE. HONOLULU, HI 96816	RADIO AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	848.90
MIMAM ADVERTISING 1350 S KING ST HONOLULU, HI 96814	PRINT AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/98	2,657-
POSTMASTER 3600 AOLELE ST HONOLULU, HI 96820	BUS. REPLY A/C Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	300-
SIR SPEEDY PRINTING 822 FORT ST. MALL HONOLULU, HI 96813	PRINTING CHGS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	10,270.15
SANDRA BALLARD 1563 MOLINA ST HONOLULU, HI 96818	SALARIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	1,000-
SHANA DAVIDSON 96 2130 S. BERETANIA ST HONOLULU, HI 96826	SALARIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	3,300-
ROOSEVELT EVANS 47-222 HUI AEKO ST KANEHOE, HI 96744	SALARIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	1,000-
JIM BOLBOW 1910 ALAELCA ST HONOLULU, HI 96821	SALARIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	3,000-
CAROLE BRYANT 1550 WILDER AVE. HONOLULU, HI 96812	SALARIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	1,000-

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

20,376.05

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 7  
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NAME OF COMMITTEE (In Full)

Let's Go FORWARD Hawaii

24-10-025-0001

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BIG RED G 685 AUAHI ST HONOLULU, HI 96813	PRINTING CHGS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	422.50
B. Full Name, Mailing Address and ZIP Code KSSK RADIO STATION 1505 DILLINGHAM BLV. ST 208 HONOLULU, HI 96817	Purpose of Disbursement RADIO AD BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/98	750.-
C. Full Name, Mailing Address and ZIP Code HAWAIIAN ELECTRIC P.O. BOX 3978 HONOLULU, HI 96812	Purpose of Disbursement ELECTRICITY H.Q. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	450.76
D. Full Name, Mailing Address and ZIP Code MM & M ADVERTISING 1350 S. KING ST. #230 HONOLULU, HI 96814	Purpose of Disbursement RADIO BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	1,447.81
E. Full Name, Mailing Address and ZIP Code XEROX CORP. 1200 N. NIMITZ HWY HONOLULU, HI 96817	Purpose of Disbursement CARTRIDGE LOUER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	468.-
F. Full Name, Mailing Address and ZIP Code LORI BACHMAN P.O. BOX 1592 KANEIHE HI 96744	Purpose of Disbursement COPIER RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	235.-
G. Full Name, Mailing Address and ZIP Code GTE HAWAIIAN TEL P.O. BOX 3800048 HONOLULU, HI 96838	Purpose of Disbursement TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	333.81
H. Full Name, Mailing Address and ZIP Code PRIME CD P.O. BOX 630062 DALLAS, TX 75263	Purpose of Disbursement TELEPHONE - CELL. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	741.97
I. Full Name, Mailing Address and ZIP Code AT & T P.O. BOX 3800050 HONOLULU, HI 96838	Purpose of Disbursement TELEPHONE - L/D Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	866.22

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

5,716.07

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Let's Go FORWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRST HAWAIIAN BANK P.O. BOX 29450 HONOLULU, HI 96820	FOOD EXPENSE, OFFICE SUPPLIES & MTG EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/7/98	1,034.56
ANSON REGD 85-833 FARRINGTON HWY WAIJAE HI 96792	RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/98	500 -
FAREDAH WARD 875 PUUOMAO ST HONOLULU, HI 96825	OFFICE SUPPLIES, FOOD & POSTAGE EXPENSES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	754.66
KEITH ROLLMAN C/O 2130 S. BERETANIA ST HONOLULU, HI 96826	SALARIES & REIMB OF OFFICE EXP Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	5,482.44
M M & M ADVERTISING 1350 S. KING ST HONOLULU, HI 96813	ADVERT. FEES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	3,500 -
DIRECT MAIL MARKETING BEST EFFORTS	PRINTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	2,146.20
FAH DESIGN ASSOC. 875 PUUOMAO ST HONOLULU, HI 96825	RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	5,945.30
DAN MORGAN BEST EFFORTS	FOOD EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	714.78
PAGODA HOTEL 1525 RYCREFT ST HONOLULU, HI 96814	FOOD FOR RECEPTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/3/98	2,868.06

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

22,946.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Let's Go FORWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SHANA DAVIDSON 40 2130 S. BERETANIA ST HONOLULU, HI 96826	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/4/98	355.97
RIVERSIDE TRAVEL 1051 RIVER ST HONOLULU, HI 96817	TRAVEL TICKET Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/98	299.00
SHANA DAVIDSON 40 2130 S. BERETANIA ST HONOLULU, HI 96826	SALARIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/98	330.00
CENTRAL PACIFIC BANK P.O. BOX 3590 HONOLULU, HI 96811	INT. ON LOAN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/98	449.54
AMERICAN EXPRESS P.O. BOX 29 - 7879 FT LAUDERDALE, FL 33329	MEAL CHARGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	292.03
CENTRAL PACIFIC BANK P.O. BOX 3590 HONOLULU, HI 96811	FOOD & OFFICE SUPPLIES EXP Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	500.00
CAROLE BRYANT 1550 WILDER AVE. HONOLULU, HI 96812	REIM. AUTO EXP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/98	300.00
LOVE YAMAMOTO & MATSUDA 1000 BISHOP ST, # 801 HONOLULU, HI 96813	RENTAL MAIN. FEES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/98	644.69
RODRIGUES & CO 3100 NEWCASTLE RD. NEWCASTLE, CA 95658	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/98	6211.40

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

2526.54

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Let's Go FORWARD Hawaii

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER 3600 AOLELE ST. HONOLULU, HI 96820	MAILING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) POST-GEN	11/9/98	480.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

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

480.00

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

139,892.99

1050-920-41-12

Name of Committee (In Full) <b>Let's Go FORWARD Hawaii</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Central Pacific Bank 220 S. King Street, 2nd Floor Honolulu, Hawaii 96813</b>	Original Amount of Loan <b>\$60,000.00</b>	Cumulative Payment To Date <b>-0-</b>	Balance Outstanding at Close of This Period <b>\$60,000.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>12/31/97</u> Date Due <u>12/31/00</u> Interest Rate <u>10.0</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____%(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>SUBTOTALS This Period This Page (optional) .....</b>			<b>\$60,000.00</b>
<b>TOTALS This Period (last page in this line only) .....</b>			<b>\$60,000.00</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

21-49-025-050E