OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name: Donna Ikeda

(b) Committee Name: Friends of Donna Ikeda

(c) Mailing Address: P.O. Box 25847
Honolulu, HI 96825

(d) Phone (Bus) _____ (Res) 677-3944

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- [ ] 1st Preliminary Primary
- [ ] 2nd Preliminary Primary
- [ ] Final Primary
- [ ] Preliminary General
- [X] Final Election Period
- [ ] Supplemental

- [ ] Amended [ ] First [ ] Second [ ] Third [ ] Fourth
- [ ] Short Form[1]

CAMPAIGN SPENDING COMMISSION
NOV 27 '06 P2:44
RECEIVED

REPORTING PERIOD

10/24/06 through 11/7/06

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD[2] TOTAL TO DATE	
1. Cash on Hand at the Beginning of the Election Period[2]		19,141.27	1
2. Cash on Hand at the Beginning of this Reporting Period	15,412.68		2
3. Total Receipts *(From Line 15)*	200.00	300.00	3
4. Subtotal *(Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)*	15,612.68	19,441.27	4
5. Total Disbursements (not including Unpaid Expenditures) *(From Line 19)*	10.03	3,838.62	5
6. Cash on Hand at the Closing of this Reporting Period *(Subtract Line 5 from Line 4)*	15,602.65	15,602.65	6
7. Total Loans at the Closing of this Reporting Period			7
8. Total Unpaid Expenditures at the Closing of this Reporting Period			8
9. Debts Owed at the Closing of this Reporting Period *(Add Lines 7 and 8)*			9
10. Surplus/Deficit *(Subtract Line 9 from Line 6)*			10

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Donna Ikeda 11/27/06
Candidate Signature Date

Wendell T. Koga 11/20/06
Treasurer Signature Date

[1] Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling $2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

[2] An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of $100 or Less	200.00	300.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than $100			11(a)(ii)
(iii) Subtotal *(Add Lines 11(a)(i) and 11(a)(ii))*	200.00	300.00	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of $100 or Less			11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than $100			11(b)(ii)
(iii) Subtotal *(Add Lines 11(b)(i) and 11(b)(ii))*	-0-	-0-	11(b)(iii)
12. Total Contributions *(Add Lines 11(a)(iii) and 11(b)(iii))*	200.00	300.00	12
13. Public Funds and Other Receipts			13
14. Loans			14
15. Total Receipts *(Add Lines 12 through 14)*	200.00	300.00	15
DISBURSEMENTS			
16. Expenditures	10.03	3,838.62	16
17. Loans Repaid or Forgiven			17
18. Unpaid Expenditures Paid or Forgiven			18
19. Subtotal Disbursements *(Add Lines 16 through 18)*	10.03	3,838.62	19
20. Unpaid Expenditures			20
21. Total Disbursements *(Add Lines 19 and 20)*	10.03	3,838.62	21

CHECK ONLY ONE BOX
ISE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

] INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

] CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

O INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:
Donna Ikeda
Friends of Donna Ikeda

PAGE 1 OF 1

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR / IF A DEPENDENT MINOR, ENTER NAME OF PARENT	FOR AGGREGATES OF $1,000 OR MORE NAME OF EMPLOYER / OCCUPATION	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
10/27/06	☐ NON-MONETARY CONTRIBUTION Dorothy O. Kim 2351 Halehaka St. Honolulu, HI 96821		100.00	100.00
10/27/06	☐ NON-MONETARY CONTRIBUTION Herbert Watanabe 93 Kapualani St. Hilo, HI 96720		100.00	100.00
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			
SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....			200.00	
TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) **(Transfer total the applicable Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(ii))**.....			200.00	

Form CC-5(A) (Rev. 5/99)

ith the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on chedule B.

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:
DONNA IKEDA
FRIENDS OF DONNA IKEDA

PAGE 1 OF 1

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
10/27/06	☐ NON-MONETARY CONTRIBUTION Bankcard Ctr. P.O. Box 29450 Honolulu, HI 96820	Supplies	10.03
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)..... 10.03

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) **(Transfer total to Line Number 16 of the Disclosure Report)**..... 10.03

Form CC-5(B) (Rev. 5/99)