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: Samuel Kalalau III

(b) Committee Name: Friends of Sam Kalalau

(c) Mailing Address: P.O. Box 882
Hana, Hawaii 96713

(d) Phone (Bus) 808-248-7796 (Res) 808-248-7796
Treasurer's

SECTION II-TYPE OF REPORT:

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

- [ ] 1st Preliminary Primary
- [x] 2nd Preliminary Primary
- [ ] Final Primary
- [ ] Preliminary General
- [ ] Final Election Period
- [ ] Supplemental
- [ ] Amended [ ] First [ ] Second [ ] Third [ ] Fourth
- [ ] Short Form[1]

LATE

REPORTING PERIOD

7/01/06 through 9/8/06

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]			1
2. Cash on Hand at the Beginning of this Reporting Period	3,037.06		2
3. Total Receipts *(From Line 15)*	1,825.00	9,953.00	3
4. Subtotal *(Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)*	4,862.06	9,953.00	4
5. Total Disbursements (not including Unpaid Expenditures) *(From Line 19)*	2,298.66	7,389.60	5
6. Cash on Hand at the Closing of this Reporting Period *(Subtract Line 5 from Line 4)*	2,563.40	2,563.40	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)*	2,563.40		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.

Samuel Kalalau III — Candidate Signature — 09/25/06 Date

Cheryl Vasconcellos — Treasurer Signature — 9-25-06 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		1,371.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than $100	250.00	1,757.00	11(a)(ii)
(iii) Subtotal *(Add Lines 11(a)(i) and 11(a)(ii))*	250.00	3,128.00	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of $100 or Less		2,700.00	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than $100	1,575.00	4,125.00	11(b)(ii)
(iii) Subtotal *(Add Lines 11(b)(i) and 11(b)(ii))*	1,575.00	6,825.00	11(b)(iii)
12. Total Contributions *(Add Lines 11(a)(iii) and 11(b)(iii))*	1,825.00	9,953.00	12
13. Public Funds and Other Receipts			13
14. Loans			14
15. Total Receipts *(Add Lines 12 through 14)*	1,825.00	9,953.00	15
DISBURSEMENTS			
16. Expenditures	$2,298.66	7,389.60	16
17. Loans Repaid or Forgiven			17
18. Unpaid Expenditures Paid or Forgiven			18
19. Subtotal Disbursements *(Add Lines 16 through 18)*	2,298.66	7,389.60	19
20. Unpaid Expenditures			20
21. Total Disbursements *(Add Lines 19 and 20)*	2,298.66	7,389.60	21

CHECK ONLY ONE BOX
USE 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

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: Samuel Kalalau III
Friends of Sam Kalalau

PAGE 1 OF 2

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
8-30-06	☐ NON-MONETARY CONTRIBUTION Everett Dowling 2005 Main Street Wailuku, Hawaii 96793			250.00
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page)..... $250.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) **(Transfer total to the applicable Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(ii))**.....

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

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

CHECK ONLY ONE BOX
USE 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

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: Samuel Kalalau III
Friends of Sam Kalalau

PAGE 1 OF 2

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
7-31-06	☐ NON-MONETARY CONTRIBUTION Samuel Kalalau III P.O. Box 822 Hana, Hawaii 96713			175.00
8-8-06	☐ NON-MONETARY CONTRIBUTION Samuel Kalalau III			50.00
8-30-06	☐ NON-MONETARY CONTRIBUTION Samuel Kalalau III			1,150.00
9-7-06	☐ NON-MONETARY CONTRIBUTION Samuel Kalalau III			200.00
	☐ NON-MONETARY CONTRIBUTION			
	☐ NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....	$1,575.00
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) **(Transfer total to the applicable Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(ii))**.....	$1,575.00

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

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

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME: Samuel Kalalau III
Friends of Samuel Kalalau

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
8-20-06	☐ NON-MONETARY CONTRIBUTION Campaign Spending Commission	Late Filing	50.00
8-30-06	☐ NON-MONETARY CONTRIBUTION Pacific Radio Group 311 Ano Kahului, Hawaii 96732	Radio Advertising	2,248.66
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		
	☐ NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)..... 2,298.66

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) **(Transfer total to Line Number 16 of the Disclosure Report)**..... 2,298.66

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

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE C
PUBLIC FUNDS AND OTHER RECEIPTS
CANDIDATE COMMITTEE

NA

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: PAGE _____ OF _____

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....

2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) **(Transfer total to Line Number 13 of the Disclosure Report)**.....

ATTACH A COPY OF THE EXECUTED LOAN DOCUMENT AT THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
LOANS
CANDIDATE COMMITTEE

NA

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:

PAGE _____ OF _____

LOAN SOURCE / DATE OF LOAN	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER / NAME OF EMPLOYER AND OCCUPATION / PURPOSE OF LOAN	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAID OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
☐ CANDIDATE ☐ IMMEDIATE FAMILY ☐ FINANCIAL INSTITUTION ☐ OTHER				☐ FORGIVEN	
☐ CANDIDATE ☐ IMMEDIATE FAMILY ☐ FINANCIAL INSTITUTION ☐ OTHER				☐ FORGIVEN	
☐ CANDIDATE ☐ IMMEDIATE FAMILY ☐ FINANCIAL INSTITUTION ☐ OTHER				☐ FORGIVEN	
☐ CANDIDATE ☐ IMMEDIATE FAMILY ☐ FINANCIAL INSTITUTION ☐ OTHER				☐ FORGIVEN	
☐ CANDIDATE ☐ IMMEDIATE FAMILY ☐ FINANCIAL INSTITUTION ☐ OTHER				☐ FORGIVEN	

1. SUBTOTAL (This Page).....			
2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) **(Transfer total to Line Number 14 of the Disclosure Report)**.....			
3. TOTAL LOANS REPAID OR FORGIVEN THIS PERIOD (Last Page Only) **(Transfer total to Line Number 17 of the Disclosure Report)**.....			
4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) **(Transfer total to Line Number 7 of the Disclosure Report)**....			

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

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

NA

SCHEDULE E
UNPAID EXPENDITURES
CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE _____ OF _____

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR / PURPOSE OF UNPAID EXPENDITURE	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
				☐ FORGIVEN	
				☐ FORGIVEN	
				☐ FORGIVEN	
				☐ FORGIVEN	
				☐ FORGIVEN	
1. SUBTOTAL (This Page)					
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) **(Transfer total to Line Number 20 of the Disclosure Report)**					
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) **(Transfer total to Line Number 18 of the Disclosure Report)**					
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) **(Transfer total to Line Number 8 of the Disclosure Report)**					

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

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

LATE CONTRIBUTIONS REPORT
CANDIDATE COMMITTEE

NA

The Late Contributions Report is to be used to report all contributions aggregating more than $500 that are received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later than 4:30 p.m., three calendar days prior to the election.

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:

DATE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	NAME OF EMPLOYER OCCUPATION	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION

Form CC-10 (5/99)

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

NA

ACQUISITION OF DURABLE ASSETS
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:

ACQUISITION OF ASSETS

The **purchase or lease** of an asset must also be reported as an "Expenditure" on Schedule B.

DATE OF ACQUISITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR DONOR	DESCRIPTION OF ASSET	ACQUISITION COST OR FAIR MARKET VALUE OF ASSET

All Durable Assets must be reported until all assets have been sold or disposed of accordingly.

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

NA

DISPOSITION OF DURABLE ASSETS
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:

DISPOSITION OF ASSETS

The **sale** of an asset must also be reported as an "Other Receipt" on Schedule C.

DATE OF DISPOSITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF ENTITY ACQUIRING THE ASSET	DESCRIPTION OF ASSET	SALE PRICE OR FAIR MARKET VALUE OF ASSET	METHOD OF DISPOSITION
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN
				☐ SOLD ☐ DISPOSED ☐ DONATED ☐ TRADE-IN