OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

COPY

DISCLOSURE REPORT
NONCANDIDATE COMMITTEE

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

SECTION I-NONCANDIDATE COMMITTEE:

(a) Committee Name:

BUSINESS INSURANCE SERVICES, INC.

(b) Mailing Address: 615 PIIKOI ST., STE. 1901

HONOLULU, HAWAII 96814

(c) Phone (Bus) 592-5011 (Res)

Treasurer's

SECTION II-TYPE OF REPORT:

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

[X] Preliminary Primary [ ] Amended

[ ] Final Primary [ ] Short Form

[ ] Preliminary General

[ ] Final Election Period

[ ] Supplemental

CAMPAIGN SPENDING COMMISSION '06 SEP 12 P3:14 RECEIVED

REPORTING PERIOD

01-01-06 through 09-08-06

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee)		-0-
2. Cash on Hand at the Beginning of this Reporting Period	-0-	
3. Total Receipts *(From Line 11, Column A and B)*	-0-	-0-
4. Subtotal *(Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)*	-0-	-0-
5. Total Disbursements *(From Line 14, Column A and B)*	300.00	3,050.00
6. Cash on Hand at the Closing of this Reporting Period *(Subtract Line 5 from Line 4 for Columns A and B)*	-0-	-0-

SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

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

RECEIPTS

7. Monetary Contributions of $100 or Less	-0-	-0-
8. Non-Monetary Contributions of $100 or Less	-0-	-0-
9. Aggregate Monetary and Non-Monetary Contributions of More Than $100 *(Schedule A, Line 2 for Column A)*	-0-	-0-
10. Other Receipts *(Schedule D, Line 2 for Column A)*	-0-	-0-
11. Total Receipts *(Add Lines 7 through 10 for Columns A and B)*	-0-	-0-

DISBURSEMENTS

12. Contributions To Candidates *(Schedule B, Line 2 for Column A)*	300.00	3,050.00
13. Expenditures *(Schedule C, Line 2 for Column A)*	-0-	-0-
14. Total Disbursements *(Add Lines 12 and 13 for Columns A and B)*	300.00	3.050.00

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

Carl T Sato 9/12/06 Carl T Sato 9/12/06

Committee Chairperson Signature Date Treasurer Signature Date

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
NONCANDIDATE COMMITTEE

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES *(Schedule C)*.

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.

NONCANDIDATE COMMITTEE NAME: BUSINESS INSURANCE SERVICES, INC.

PAGE 1 OF 1

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR IF A DEPENDENT MINOR, ENTER NAME OF PARENT	*REQUIRED IF AGGREGATE IS MORE THAN $100 NAME OF EMPLOYER (IF INDIVIDUAL) OCCUPATION (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	[ ] NON-MONETARY CONTRIBUTION			
	[ ] NON-MONETARY CONTRIBUTION			
	[ ] 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) ..... -0-
2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A) ..... -0-

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE 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.

NONCANDIDATE COMMITTEE NAME: PAGE 1 OF 1

BUSINESS INSURANCE SERVICES, INC.

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
04-03-06	NFIB SAFE TRUST 1201 F STREET NW, STE. 200 WASHINGTON, DC 20004	100.00	200.00
04-18-06	THE FRIENDS OF KEN ITO 45-372 KANAKA STREET KANEOHE, HAWAII 96744	100.00	200.00
04-27-06	TIME FOR BARBARA MARUMOTO P.O. BOX 2274 HONOLULU, HAWAII 96804	100.00	150.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE) 300.00
2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A) 300.00