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
NONCANDIDATE COMMITTEE

COPY

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: Esaki Surveying & Mapping, Inc.

(b) Mailing Address: 1610 Haleukana Street
Lihue, HI 96766

(c) Phone (Bus) 808-246-0625 (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

REPORTING PERIOD
01/01/06 through 09/08/06

06 SEP 11 P2:52
RECEIVED

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)		
2. Cash on Hand at the Beginning of this Reporting Period	0	
3. Total Receipts *(From Line 11, Column A and B)*		
4. Subtotal *(Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)*		
5. Total Disbursements *(From Line 14, Column A and B)*	200.00	
6. Cash on Hand at the Closing of this Reporting Period *(Subtract Line 5 from Line 4 for Columns A and B)*		

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		
8. Non-Monetary Contributions of $100 or Less		
9. Aggregate Monetary and Non-Monetary Contributions of More Than $100 *(Schedule A, Line 2 for Column A)*		
10. Other Receipts *(Schedule D, Line 2 for Column A)*		
11. Total Receipts *(Add Lines 7 through 10 for Columns A and B)*		
DISBURSEMENTS		
12. Contributions To Candidates *(Schedule B, Line 2 for Column A)*	200.00	
13. Expenditures *(Schedule C, Line 2 for Column A)*		
14. Total Disbursements *(Add Lines 12 and 13 for Columns A and B)*	200.00	

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

Committee Chairperson Signature — Date 9/08/06

Treasurer Signature — Date 9/08/06

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 _____ OF _____

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
07/19/06	Friends of Jay Furfaro	200.00	

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE) 200.00
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) 200.00