OAHU COMMITTEES
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND COMMITTEES
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

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: Ocean Tourism Coalition PAC

(b) Mailing Address: PO Box 546
Lahaina HI 96767

(c) Phone (Bus) 808 667.7496 (Res)
Treasurer's

SECTION II-TYPE OF REPORT:

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

[X] Preliminary Primary
[ ] Final Primary
[ ] Preliminary General
[ ] Final Election Period
[ ] Supplemental
[ ] Amended
[ ] Short Form

COPY

CAMPAIGN SPENDING COMMISSION
SEP 18 P2:29
RECEIVED

REPORTING PERIOD
1/1/06 through 9/8/06

LATE

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)		4250
2. Cash on Hand at the Beginning of this Reporting Period	1000.00	
3. Total Receipts *(From Line 11, Column A and B)*	500.00	
4. Subtotal *(Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)*	1500.00	
5. Total Disbursements *(From Line 14, Column A and B)*	16.50	
6. Cash on Hand at the Closing of this Reporting Period *(Subtract Line 5 from Line 4 for Columns A and B)*	1483.50	

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)*	500.	
10. Other Receipts *(Schedule D, Line 2 for Column A)*		
11. Total Receipts *(Add Lines 7 through 10 for Columns A and B)*	500.	
DISBURSEMENTS		
12. Contributions To Candidates *(Schedule B, Line 2 for Column A)*		
13. Expenditures *(Schedule C, Line 2 for Column A)*	16.50	
14. Total Disbursements *(Add Lines 12 and 13 for Columns A and B)*	16.50	

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

Treasurer Signature Date

STATE OF HAWAI
CAMPAIGN SPENDING CO

SCHEDULE A
MONETARY AND NON-MONETA TRIBUTIONS
NONCANDIDATE CO EE

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES
NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PU TING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME: Ocean Tourism Coalition PAC

PAGE 2 OF 3

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR / IF A DEPENDENT MINOR, ENTER NAME OF PARENT	*REQUIRED S MORE THAN $100 YER ION UAL	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
3/31/2006	[ ] NON-MONETARY CONTRIBUTION Friends of Brian Schatz PO Box 99 Honolulu HI 96810	(Refunded)	500.	500.
	[ ] 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 PERI ..... 500.
2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (L LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A) ..... 500.

Form NC-3(A) (Rev. 11/97)

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE C
EXPENDITURES
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: Ocean Tourism Coalition PAC

PAGE 3 OF 3

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 PAID EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
9/8/04	Clarke American Check order	supplies - ordered checks	16.50

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE) 16.50
2. TOTAL OF EXPENDITURES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 13, COLUMN A) 16.50

Form NC-3(C) (Rev. 11/97)