OAHU COMMITTEES:
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND COMMITTEES:
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: Team Vision, LLC

(b) Mailing Address: 677 Ala Moana Blvd. #808
Honolulu, HI 96813

(c) Phone (Bus) 536 0416 (Res)

Treasurer's

SECTION II-TYPE OF REPORT:

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

[✓] Preliminary Primary [ ] Amended

[ ] Final Primary [ ] Short Form

[ ] Preliminary General

[ ] Final Election Period

[ ] Supplemental

CAMPAIGN SPENDING COMMISSION
06 SEP 12 P4:09
RECEIVED

REPORTING PERIOD: Jan 1, 2006 through Sept 8, 2006

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)*	0	0
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)*	0	0
13. Expenditures *(Schedule C, Line 2 for Column A)*	0	0
14. Total Disbursements *(Add Lines 12 and 13 for Columns A and B)*	0	0

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 9/11/06

Treasurer Signature — Date 9/11/06

Form NC-3 (Rev. 11/97)

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: Team Vision, 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: Team Vision, WC

PAGE 1 OF 1

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE

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

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE C
EXPENDITURES
NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME: Team Vision, LLC

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 PAID EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE)..... Ø
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)..... Ø

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

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
OTHER RECEIPTS
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: Team Vision, WC

PAGE 1 OF 1

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

1. SUBTOTAL OF OTHER RECEIPTS THIS PERIOD (THIS PAGE) 0
2. TOTAL OF OTHER RECEIPTS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 10, COLUMN A) 0

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

STATEMENT OF INFORMATION FOR ELECTIONEERING COMMUNICATIONS

Electioneering communications means any paid advertising broadcast from a television or radio broadcast station, or published in any periodical or newspaper, or sent by mail at a bulk rate, which refers to a clearly identifiable candidate and is made, or scheduled to be made, either within thirty days prior to a primary or initial special election or within sixty days prior to a general or special election. The report is required to be filed within twenty-four hours of making disbursements of more than $2,000, in the aggregate, for electioneering communications, and the date of any subsequent disbursements by that person for electioneering communications.

SECTION I-COMMITTEE OR ORGANIZATION INFORMATION

(a) Name: N/A

(b) Address:

(c) State of Incorporation and Principal Place of Business:

(d) Controlling entity, if any:

(e) Custodian of Books and Accounts:

(f) Elections to which the electioneering communications pertain:

☐ Primary/1st Special Election ☐ General/2nd Special Election

(g) Names of candidates identified or to be identified (List all candidates):

(h) Coordinated with candidate? ☐ Yes ☐ No

SECTION II–CONTRIBUTIONS RECEIVED FOR THE ELECTIONEERING COMMUNICATIONS

	Full Name, Street Address, City, State and Zipcode of Donor				
1	N/A	4		7	
2		5		8	
3		6		9	

SECTION III-DISBURSEMENTS MADE FOR THE ELECTIONEERING COMMUNICATIONS

	Full Name, Street Address, City, State and Zipcode of Vendor				
1	N/A	Amount	5		Amount
2		Amount	6		Amount
3		Amount	7		Amount
4		Amount	8		Amount

(Provide attachment for additional contributions and disbursements)