

| FOR OFFICE USE ONLY |
|---------------------|
| Reg. No |
| Date |

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

235 S. Beretania Street, Room 300 Honolulu, Hawaii 96813 Phone: (808) 586-0285/Fax: (808) 586-0288 www.hawaii.gov/campaign

NONCANDIDATE COMMITTEE ELECTRONIC FILING FORM

| Noncandidate Committee Name: | | |
|--|---|--|
| Please check one box that applies to your comments | mittee's classification: | |
| ☐ Standard Noncandidate Committee☐ Ballot Issue Committee | □ Political Party (Hawaii Revised Statu □ Independent Expenditure Committee | , |
| Each noncandidate committee must electronica | ally register with the Campaign Spending (| Commission ("Commission"): |
| Within 10 days of receiving contributions in a two-year election period; or Within 2 days of receiving contributions o in a two-year election period if the \$1,000 | r making or incurring expenditures of mor | re than \$1,000, in the aggregate, |
| In order to register, the committee must submit Administrator and User (typically the committee The committee will enter the Administrator's usually System and complete the registration process be concandidate committee must file periodic can | ee's treasurer) will be sent to the email add user name and password to login to the No by electronically filing an organizational re | dress you provide on this form. ncandidate Committee Filing eport online. Once registered, a |
| By signing this form, the chairperson and trelectronically filed online are true, complete form also represents written acceptance of appears a new chairperson or treasurer is appointed, | , and accurate. See, HRS §§11-321(c)(2) continuent for the chairperson and treasurer |), 11-331(b), and 11-340(a). This |
| Submit a new Electronic Filing Form to the appointed or not as indicated by the application. Electronically file an amended organization appointed chairperson and/or treasurer wit | able check box below; and nal report online with the current contact in | • |
| Chairperson's Signature Date | Treasurer's Signature | Date |
| Print Chairperson's Name Phone # ☐ Check box if newly appointed Chairperson | Print Treasurer's Name ☐ Check box if newly appoi | Phone # nted Treasurer |
| | | |

Treasurer's Email Address