

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

APPLICATION FOR PUBLIC FUNDS

1.	Candidate and Candidate Committee Name:	2. Office Sought:
Address: Social Security or Employer Identification Number:		3. District/County (if applicable): 4. Election: (Check one) □ Primary □ General 5. Type of Application: (Check one) □ Initial □ Additional
*DAGS requires this information to process the check and comply with the Internal Revenue Code		6. Application Total: \$ Enter total amount from the attached "Statement of Qualifying Campaign Contributions"
Ιh	ereby certify to the Campaign Spending Commission ("Com	mission") that:
1.	. I have filed the "Affidavit to Voluntarily Agree with Campaign Expenditure Limits" form to voluntarily agree to limit my expenditures and those made on my behalf to an amount set for my respective office for each election as provided in Hawaii Revised Statutes ("HRS), Section 11-423;	
2.	I have filed the "Statement of Intent to Seek Public Funds" form and agreed to all the conditions on that form;	
3.	I am a qualified candidate on the election ballot in a primary or general election for which public funds are being sought;	
4.	I have received the minimum qualifying contribution amount for my respective office as set forth in HRS, Section 11-429, once for the election period and understand that no public funds will be available for a primary election if the minimum qualifying contribution amount is not obtained before the date of the primary election;	
5.	I have electronically filed the "Statement of Qualifying Campaign Contributions" on the Commission's Candidate Filing System and attached a copy to this application;	
6.	I understand that the Commission shall be under no obligation to provide moneys to candidates if moneys in the Hawaii Election Campaign Fund are near depletion; and,	
7.	The information on this application is true and accurate.	
Ca	andidate Signature	Date
Thi	is 1-page "Application for Public Funds," dated, this, and day of, in the, and the	, was subscribed and sworn to before Circuit of the State of Hawaii.
Pri	gnature of Notary Public, State of Hawaii nt Name of Notary Public: commission expires:	
1. 2. 3.	Public Funds Approved for Distribution in Prior Applications Public Funds Approved for Distribution in this Application	\$\$ \$\$

Date

Approved By