



Amended

**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

**STATEMENT OF INFORMATION FOR  
ELECTIONEERING COMMUNICATIONS**

Pursuant to Hawaii Revised Statutes (“HRS”) §11-341, an electioneering communication means any advertisement that is broadcast from a cable, satellite, television, or radio broadcast station; published in any periodical or newspaper or by electronic means; or sent by mail at a bulk rate, and that: (1) Refers to a clearly identifiable candidate; (2) Is made, or scheduled to be made, either within **30 days** prior to a primary or initial special election or within **60 days** prior to a general or special election; and (3) Is not susceptible to any reasonable interpretation other than as an appeal to vote for or against a specific candidate.

Persons, which include an individual, a partnership, a candidate committee or noncandidate committee, a party, an association, a corporation, a business entity, an organization, or a labor union and its auxiliary committees, who make electioneering communications in an aggregate amount of **more than \$2,000** during any calendar year, are statutorily required to file a Statement of Information within **24 hours** of each disclosure date with the Commission. Persons who fail to submit this form timely will be in violation of the campaign finance laws.

\*This form must be filed in addition to the filing of any other report required by candidate and noncandidate committees.

**SECTION I - Information for Person Making Electioneering Communications**

1. Name of person making the expenditure: Tiare Lawrence
2. Name of person sharing or exercising discretion or control over the person making the expenditure: \_\_\_\_\_
3. Custodian of Books and Accounts of person making the expenditure: Deborah Mader

If the expenditure was made by a noncandidate committee, business entity, or an organization, please provide the additional information:

Names and titles of executives or board of directors who authorized the expenditure: \_\_\_\_\_

State of incorporation or formation: \_\_\_\_\_

Principal address: \_\_\_\_\_

If the expenditure was made by an individual, please provide the additional information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**SECTION II - Contributions Received for the Electioneering Communication** (Not applicable to individuals)

Please provide the name and address of each person contributing for the purpose of publishing or broadcasting the electioneering communication:

Name	Address

If you are a noncandidate committee making only independent expenditures (Super PAC), then please provide the three (3) top contributors identified in the electioneering communication as required by HRS §11-393:

	Name
1	
2	
3	

**Section III - Expenditures Made for the Electioneering Communication**

1. Check which election the electioneering communication pertains:  Primary/1<sup>st</sup> Special  General/2<sup>nd</sup> Special

2. Name of clearly identifiable candidate(s): Tiare Lawrence

3. Candidate(s) is/are supported or opposed:  Supported  Opposed

4. Electioneering communication is made in coordination, cooperation, or concert with or at the request or suggestion of any candidate, candidate committee, noncandidate committee, or its agents:  Yes  No

5. If yes, please provide the name of the candidate, candidate committee, or noncandidate committee, or its agents: Tiare Lawrence for Maui

6. Complete the following table (as applicable):

Name of Person to Whom the Expenditure was Made (i.e., Vendor)	Date the Contract for the Expenditure was Executed	Date the Advertisement will be Broadcast, Published, or Mailed	Amount
Facebook	08/03/2018	08/3 to 08/11	80
Facebook	08/03/2018	8/3 to 8/11	80
Facebook	08/03/2018	8/3 to 8/11	80
Facebook	08/03/2018	8/3 to 8/11	60
Facebook	08/03/2018	8/3 to 8/11	60
Facebook	08/03/2018	8/3 to 8/11	60
Facebook	08/03/2018	8/3 to 8/11	100
Facebook	08/03/2018	8/3 to 8/11	80

*Deborah Mader*

08/03/2018

Signature of Person Completing Form

Date

**(Provide attachment for additional contributions and expenditures)**