

CAMPAIGN SPENDING COMMISSION



Amended

Enter the date when the initial statement that you are amending was filed:

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RECEIVED

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

- Name of person making the expenditure: Marilyn B. Lee
- Name of person sharing or exercising discretion or control over the person making the expenditure: Lloyd Nakahara
- Custodian of Books and Accounts of person making the expenditure: Tanette Lee

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: _____

Ohana O Maula

State of incorporation or formation: _____

Principal address: 95-170 Neve Pl. Mililani H. 96784

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
<u>Patsy Mink Pace (not specifically meant for electioneering) (amount enabled another mailing)</u>	<u>PO Box 25002, Honolulu, HI 96825</u>

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 to: Primary/1st Special General/2nd Special

2. Name of clearly identifiable candidate(s): Marilyn B Lee

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: _____

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
Reskyv	7/30/18	7/31/18	1,474 ³⁴
US Postal Service	7/30/18	7/31/18	762

Marilyn B Lee 7/30/18
 Signature of Person Completing Form Date

(Provide attachment for additional contributions and expenditures)