



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

Initial EC#
or
Amending EC#

\*Please assign a # to your initial EC Statement and refer to that # if you are amending it. Only 1 box should be selected.

STATEMENT OF INFORMATION FOR
ELECTIONEERING COMMUNICATIONS (Revised 8/8/18)

For any person who will be broadcasting from a cable, satellite, television, or radio station; publishing in any periodical or newspaper or by electronic means which includes Facebook boosts, Google ads, or other social media; or mailing by bulk rate any advertisement that refers to a clearly identifiable candidate and contains an appeal to vote for or against a candidate in the upcoming election, and spends in an aggregate amount of more than \$2,000 during any calendar year, you must file a Statement of Information for Electioneering Communication ("Statement") within 24 hours of executing a contract to make this expenditure if the advertisement is made, or scheduled to be made, within 30 days prior to the primary or initial special election (i.e., July 12, 2018 to August 11, 2018) or within 60 days prior to the general or special election (i.e., September 7, 2018 to November 6, 2018). See, Hawaii Revised Statutes §11-341.

Once you file a Statement, you must continue to file additional Statements for all future electioneering communications even if the amount is under \$2,000 because your committee met this threshold with the previous Statement filings. Persons who fail to submit the Statement or fail to timely submit the Statement within 24 hours of executing a contract to make this expenditure, 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 or committee making the expenditure: Felicia Cowden
2. Name of person or committee sharing or exercising discretion or control over the person making the expenditure: (Enter data on next line)
3. Custodian of Books and Accounts of person or committee making the expenditure:

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:

Table with 2 columns: 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): \_\_\_\_\_

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: (Enter data on next line)

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
KFMN			874.99

*Felicia Cowden*

10/26/18

Signature of Person Completing Form

Date

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