



**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: _____
2. Name of person or committee sharing or exercising discretion or control over the person making the expenditure: _____
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:

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/1st Special ☐ General/2nd 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: _____

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

Signature of Person Completing Form _____ Date _____

(Provide attachment for additional contributions and expenditures)