

Initial EC# 3/20/19-1  
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.



**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 (Revised 2/6/19)**

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 60 days prior to the special election (i.e., February 12, 2019 to April 13, 2019). 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: Friends of Tommy Waters
2. Name of person or committee sharing or exercising discretion or control over the person making the expenditure: Tommy Waters
3. Custodian of Books and Accounts of person or committee making the expenditure: Tommy Waters

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	Tommy Waters
2	
3	

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

1. Check which election the electioneering communication pertains:  Special

2. Name of clearly identifiable candidate(s): Tommy Waters

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: Tommy Waters

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			Up to \$2,000.00

Tommy Waters 3/20/19  
 Signature of Person Completing Form Date

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