

FOR OFFICE USE ONLY
Reg. No
Date

## 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

## CANDIDATE COMMITTEE ELECTRONIC FILING FORM

Candidate Committee Name	<u> </u>				
Each candidate committee m		er with the Campaign Spending	Commission ("Com	nmission") within 10	
The date the candidate files nomination papers for office; <u>or</u> The date the candidate or candidate committee receives contributions or makes or incurs expenditures of more than \$100 in the aggregate during the applicable election period.					
(typically the committee's trenter the Administrator's usoprocess by electronically fili	easurer) and User will be or name and password to ng an organizational rep	Form to the Commission. A use e sent to the email address you login to the Candidate Filing Stort online. Once registered, a capplicable reporting schedule.	provide on this form System and complete	n. The committee will the registration	
electronically filed online a	re true, complete, and tance of appointment for	acknowledges and certifies the accurate. See, HRS §§11-321 or the chairperson and treasurer must:	(c)(1), 11-331(a), an	d 11-340(a). This form	
treasurer; and	ended organizational rep	mission signed by the candidate ort online with the current contact of the change.		•	
only required to electronical General Election and all sub-	y file a Final Election Per sequent reports thereafter	IMPORTANT s and aggregate expenditures for riod Report covering January 1 o until the committee's registration for the election period, please ch	f the election year thr n is approved for term	ough the day of the	
If your candidate committeelection period, the commit	ee exceeds the \$1,000 thr tee must file the next re	WARNING reshold at any time during the a quired periodic report disclosion the committee terminates their	mpplicable two-year on all activity from t	the beginning of the	
Candidate's Signature	Date	Office Sought	District	County	
Print Candidate's Name		Treasurer's Email Addr	Treasurer's Email Address		
Chairperson's Signature	Date	Treasurer's Signature	Date	;	
Print Chairperson's Name		Print Treasurer's Name	Phor	ne #	
☐ Check box if newly appointed Chairperson		☐ Check box if newly:	☐ Check box if newly appointed Treasurer		