



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

APPLICATION FOR PUBLIC FUNDS

1. Candidate and Candidate Committee Name:
2. Office Sought:
3. District/County (if applicable):
4. Election: (Check one) Primary General
5. Type of Application: (Check one) Initial Additional
6. Application Total: \$
\* DAGS requires this information to process the check and comply with the Internal Revenue Code

I hereby certify to the Campaign Spending Commission ("Commission") that:

- 1. I have filed the "Affidavit to Voluntarily Agree with Campaign Expenditure Limits" form to voluntarily agree to limit my expenditures and those made on my behalf to an amount set for my respective office for each election as provided in Hawaii Revised Statutes ("HRS"), Section 11-423;
2. I have filed the "Statement of Intent to Seek Public Funds" form and agreed to all the conditions on that form;
3. I am a qualified candidate on the election ballot in a primary or general election for which public funds are being sought;
4. I have received the minimum qualifying contribution amount for my respective office as set forth in HRS, Section 11-429, once for the election period and understand that no public funds will be available for a primary election if the minimum qualifying contribution amount is not obtained before the date of the primary election;
5. I have electronically filed the "Statement of Qualifying Campaign Contributions" on the Commission's Candidate Filing System and attached a copy to this application;
6. I understand that the Commission shall be under no obligation to provide moneys to candidates if moneys in the Hawaii Election Campaign Fund are near depletion; and,
7. The information on this application is true and accurate.

Candidate Signature Date

This 1-page "Application for Public Funds," dated, was subscribed and sworn to before me this day of, 20, in the Circuit of the State of Hawaii.

Signature of Notary Public, State of Hawaii Date
Print Name of Notary Public:
My commission expires:

FOR OFFICE USE ONLY

- 1. Public Funds Approved for Distribution in Prior Applications \$
2. Public Funds Approved for Distribution in this Application \$
3. Public Funds Approved for Distribution in this Election Period \$

Approved By Date