



FOR OFFICE USE ONLY

Reg. No. _____

Date _____

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

CANDIDATE COMMITTEE
ELECTRONIC FILING FORM

Candidate Committee Name: _____

Each committee must electronically register and file periodic disclosure reports. (1) In order to register, the committee must first complete **and** mail or deliver this form to the Campaign Spending Commission at 235 S. Beretania Street, Room 300, Honolulu, Hawaii 96813. (2) A user name and password will be sent to the e-mail address of the treasurer. (3) **The committee must register by electronically filing an organizational report** within ten days of filing nomination papers for office, or receiving contributions or making expenditures that amount to more than \$100 in the aggregate during the applicable election period, whichever occurs first.

Hawaii Revised Statutes (HRS) section 11-195(a) requires that filed reports be “certified by the candidate and treasurer.” By signing this form, the candidate and treasurer certify that the information on all “electronically filed” reports and schedules are true and accurate. “Electronically filed” means that reports will be filed through the Internet on the Commission’s electronic filing system without the signature of the candidate and treasurer. All reports filed electronically with the committee’s user name and password are deemed to be filed by the committee.

This form also fulfills the requirement for a written acceptance of appointment for the chairperson and treasurer in HRS section 11-196(a)(3) and (4). If the chairperson or treasurer is changed, an amended “Electronic Filing Form” must be signed by the new chairperson or treasurer and mailed or delivered to the Commission **and** an amended Organizational Report must be electronically filed, both by the 10th calendar day after the change.

Candidate Signature Date

Office Sought

The candidate committee’s aggregate contributions and aggregate expenditures for the election period will total \$1,000 or less.

Print Candidate Name (First M.I. Last)

Chairperson Signature Date

Treasurer Signature Date

Print Chairperson Name (First M.I. Last)

Print Treasurer Name (First M.I. Last)

Phone: _____

E-mail: _____
(The user name and password will be sent to this e-mail address.)