The original must be mailed or delivered to the Campaign Spending Commission.

FOR OFFICE USE ONLY
Reg. No._____
Date_____

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

CANDIDATE COMMITTEE ELECTRONIC FILING FORM

Candidate Committee Name:_____

Each candidate committee must electronically register and file periodic disclosure reports. In order to register, the candidate 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. A user name and password will be sent to the e-mail address provided on this form. **The candidate committee must login to the Candidate Filing System ("CFS") and register by electronically filing an organizational report** within ten days of: (1) the date the candidate files nomination papers for office, or (2) receives contributions or makes or incurs expenditures of more than $100 in the aggregate during the applicable election period, whichever occurs first.

Hawaii Revised Statutes ("HRS"), Section 11-331(a) requires reports filed by a candidate committee to be certified by the candidate and treasurer. By signing this form, the candidate and treasurer certifies that the information on all electronically filed reports is true and accurate. All reports electronically filed on the CFS with the candidate committee's user name and password is deemed to be certified by the candidate and treasurer.

This form also satisfies the requirement in HRS, Section 11-321(c) that a written acceptance of appointment be included for the chairperson and treasurer of the candidate committee. If the chairperson or treasurer is changed: (1) a new "Electronic Filing Form" must be signed by the new chairperson or treasurer and mailed or delivered to the Commission, and (2) an amended Organizational Report must be electronically filed, both within ten days of the change.

Candidate Signature Date

Print Candidate Name (First M.I. Last)

Chairperson Signature Date

Print Chairperson Name (First M.I. Last)
☐ Amended

Office Sought

☐ Please check the box if the candidate committee's aggregate contributions and aggregate expenditures for the election period will total $1,000 or less.

Treasurer Signature Date

Print Treasurer Name (First M.I. Last)
☐ Amended

Phone:_____

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