STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

EXPENDITURES OF PUBLIC FUNDS REPORT

PAGE _____ OF _____

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

1. CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name: _____

(b) Committee Name: _____

(c) Mailing Address: _____

(d) Phone: (Bus) _____ (Res) _____

2. TYPE OF REPORT:

(Check One Box)

[ ] Primary/1st Special Election

[ ] General/2nd Special Election

Amount of Public Funds Received This Election

$ _____

DATE OF PUBLIC FUND EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	PURPOSE OF PUBLIC FUND EXPENDITURE	AMOUNT OF PUBLIC FUND EXPENDITURE THIS ELECTION

1. SUBTOTAL OF PUBLIC FUND EXPENDITURES THIS ELECTION (THIS PAGE)..... _____

2. TOTAL OF PUBLIC FUND EXPENDITURES THIS ELECTION (LAST PAGE THIS LINE ONLY)..... _____

I hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

Candidate Signature _____ Date _____ Treasurer Signature _____ Date _____

Form CC-7 (Rev. 11/97)