STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

REGISTRATION AND DISCLOSURE REPORT
STATE OR COUNTY CONTRACTOR

FOR OFFICE USE ONLY
REG. NO. _____
DATE _____

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE REGISTRATION AND DISCLOSURE REPORT CAN BE FOUND ON FORM GC-2.)

SECTION I-CONTRACTOR:

(a) Contractor Name: _____

(b) Mailing Address: _____

_____

(c) Phone: (Bus) _____

(d) Contact Person:

SECTION II-TYPE OF REPORT:

(Check One Box)

[ ] 30 Day

[ ] Supplemental

REPORTING PERIOD

_____ through _____

(See the Schedule of Reporting Dates)

SECTION III-LIST OF PRINCIPALS, INCLUDING OFFICERS AND DIRECTORS

COLUMN A FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE	COLUMN B TITLE/POSITION

SECTION IV-STATE OR COUNTY CONTRACT INFORMATION

COLUMN A STATE OR COUNTY AGENCY	COLUMN B CONTRACT ID NO.	COLUMN C DATE OF CONTRACT	COLUMN D AMOUNT OF CONTRACT	COLUMN E SERVICE PERFORMED OR GOODS PROVIDED

SECTION V-SUB-CONTRACTOR INFORMATION

COLUMN A FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE	COLUMN B DATE OF SUB-CONTRACT	COLUMN C AMOUNT OF SUB-CONTRACT	COLUMN D SERVICE PERFORMED OR GOODS PROVIDED

SECTION VI-CONTRIBUTIONS TO CANDIDATES, NONCANDIDATE COMMITTEES OR POLITICAL PARTIES

Is your company filed as a Noncandidate Committee? [ ] Yes [ ] No If yes, you can skip this Section. Reference will be made to your Noncandidate Committee filings where contributions are reported. Name of Noncandidate Committee: _____

COLUMN A DATE OF CONTRIBUTION	COLUMN B FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE, NONCANDIDATE COMMITTEE OR POLITICAL PARTY	COLUMN D AMOUNT OF CONTRIBUTION THIS PERIOD	COLUMN E AGGREGATE ELECTION PERIOD TOTAL TO DATE

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

_____
Contractor Signature

_____
Date