STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

FOR OFFICE USE ONLY

REG. NO. _____

DATE _____

ORGANIZATIONAL REPORT
NONCANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS ON THE BACK)

1. **NONCANDIDATE COMMITTEE:**

(a) Committee Name: _____

(b) Mailing Address: _____

(c) Phone: _____

2. Date that the Committee was Organized: _____

3. Is this a Political Party? [ ] Yes [ ] No

4. Sponsored by: _____

5. Please specify the area, scope, or jurisdiction of this Committee: (Refer to Form NC-2) _____

6. **THIS REPORT IS FILED FOR THE FOLLOWING PURPOSE:**

(Check One Box)

(a) [ ] Registration of New Committee

(b) [ ] Amended

An amended report is due 10 days after a change is brought to the attention of the noncandidate committee.

7. **COMMITTEE DEPOSITORY (Bank):**

(a) Depository Name: _____

(b) Address: _____

DESIGNATED OFFICERS:

8. **CHAIRPERSON (Required)**

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

(f) I hereby accept this appointment as Chairperson.

Sign & Date _____

9. **TREASURER (Required)**

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

(f) I hereby accept this appointment as Treasurer.

Sign & Date _____

10. **OTHER OFFICER**

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

11. **OTHER OFFICER**

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

12. **SPECIFIC BALLOT QUESTION(S) OR ISSUE(S) SUPPORTING OR OPPOSING:**

Brief Description:

13. **CANDIDATE WHOM COMMITTEE IS SUPPORTING OR OPPOSING:**

(a) [ ] Single Candidate/Name: _____

(b) [ ] Multi-Candidate

14. **CUSTODIAN OF BOOKS AND ACCOUNTS (Required)**

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

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

Committee Chairperson Signature _____ Date _____

Treasurer Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING THE ORGANIZATIONAL REPORT

Pursuant to Section 11-194(a), Hawaii Revised Statutes ("HRS"), each committee shall register by filing an Organizational Report with the Commission within ten days from the date a noncandidate committee receives any contributions or makes any expenditures, the aggregate amount of which is more than $1,000. The Organizational Report shall contain the following information as prescribed in Section 11-196.5(a), HRS:

Line 1 (a)-Enter the Committee's full name, which may not include the name of a candidate.

Line 1 (b)-Enter the Committee's mailing address. Include city, state and zipcode.

Line 1 (c)-Enter the Committee's telephone number.

Line 2-Enter the date that the Committee was organized.

Line 3-Specify whether the Committee is a Political Party.

Line 4-Enter the name of the corporation or organization that is sponsoring the Committee.

Line 5-Select the appropriate area, scope, or jurisdiction of the Committee from Form NC-2. Select no more than three (3).

Line 6 (a)-Check this box to indicate that the Committee is registering as a new Committee.

Line 6 (b)-Check this box to indicate that the Committee is amending a previously filed Organizational Report.

Line 7 (a)-Enter the Depositories (Bank) full name.

Line 7 (b)-Enter the Depositories mailing address. Inlude city, state and zipcode.

Line 8 (a)-Enter the Chairperson's full name.

Line 8 (b)-Enter the Chairperson's mailing address. Include city, state and zipcode.

Line 8 (c)-Enter the Chairperson's business and residence telephone number.

Line 8 (d)-Enter the Chairperson's occupation.

Line 8 (e)-Enter the Chairperson's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 8 (f)-Chairperson certifies to accept the appointment as the Chairperson of the Committee.

Line 9 (a)-Enter the Treasurer's full name.

Line 9 (b)-Enter the Treasurer's mailing address. Include city, state and zipcode.

Line 9 (c)-Enter the Treasurer's business and residence telephone number.

Line 9 (d)-Enter the Treasurer's occupation.

Line 9 (e)-Enter the Treasurer's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 9 (f)-Treasurer certifies to accept the appointment as the Treasurer of the Committee.

Line 10 (a)-Enter the Other Officer's full name.

Line 10 (b)-Enter the Other Officer's mailing address. Include city, state and zipcode.

Line 10 (c)-Enter the Other Officer's business and residence telephone number.

Line 10 (d)-Enter the Other Officer's occupation.

Line 10 (e)-Enter the Other Officer's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 11 (a)-Enter the Other Officer's full name.

Line 11 (b)-Enter the Other Officer's mailing address. Include city, state and zipcode.

Line 11 (c)-Enter the Other Officer's business and residence telephone number.

Line 11 (d)-Enter the Other Officer's occupation.

Line 11 (e)-Enter the Other Officer's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 12-Enter a brief description of the specific ballot question(s) or issue(s) that the Committee is supporting or opposing.

Line 13 (a)-Check this box and provide the name of the candidate if the Committee is supporting or opposing a single candidate.

Line 13 (b)-Check this box if the Committee is supporting or opposing more than a single candidate. (Committee is not required to provide names if supporting or opposing more than a single candidate.)

Line 14 (a)-Enter the Custodian of Books and Accounts full name.

Line 14 (b)-Enter the Custodian of Books and Accounts mailing address. Include city, state and zipcode.

Line 14 (c)-Enter the Custodian of Books and Accounts business and residence telephone number.

Line 14 (d)-Enter the Custodian of Books and Accounts occupation.

Line 14 (e)-Enter the Custodian of Books and Accounts principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)