OAHU COMMITTEES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND COMMITTEES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
NONCANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.")

SECTION I-NONCANDIDATE COMMITTEE:

(a) Committee Name:

(b) Mailing Address:

(c) Phone (Bus) (Res)

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

[ ] Preliminary Primary [ ] Amended

[ ] Final Primary [ ] Short Form

[ ] Preliminary General

[ ] Final Election Period

[ ] Supplemental

REPORTING PERIOD

through

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee)		
2. Cash on Hand at the Beginning of this Reporting Period		
3. Total Receipts *(From Line 11, Column A and B)*		
4. Subtotal *(Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)*		
5. Total Disbursements *(From Line 14, Column A and B)*		
6. Cash on Hand at the Closing of this Reporting Period *(Subtract Line 5 from Line 4 for Columns A and B)*		

SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(If Necessary, Complete Schedules A through D Before Completing This Section)

RECEIPTS		
7. Monetary Contributions of $100 or Less		
8. Non-Monetary Contributions of $100 or Less		
9. Aggregate Monetary and Non-Monetary Contributions of More Than $100 *(Schedule A, Line 2 for Column A)*		
10. Other Receipts *(Schedule D, Line 2 for Column A)*		
11. Total Receipts *(Add Lines 7 through 10 for Columns A and B)*		
DISBURSEMENTS		
12. Contributions To Candidates *(Schedule B, Line 2 for Column A)*		
13. Expenditures *(Schedule C, Line 2 for Column A)*		
14. Total Disbursements *(Add Lines 12 and 13 for Columns A and B)*		

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

Committee Chairperson Signature Date Treasurer Signature Date