	NOTI	CE TO REQUESTER	
TO:	RALPH CUSHNIE request+9xzu6ypd9x@foi.ui	pa.org	
FROM:	ELECTIONS COMMISSIO elections.commission@hawa		
DATE THAT	THE RECORD REQUEST	WAS RECEIVED BY AGENCY: Ju	une 13, 2024
DATE OF TH	IIS NOTICE: June 25, 2024		
GOVERNMEN See attached r	· · · · · · · · · · · · · · · · · · ·	STED (attach copy of request or provide	e brief description below):
THIS NOTICE	E IS TO INFORM YOU THAT	YOUR RECORD REQUEST:	
⊠ Will be gr	canted in its entirety.		
\Box Cannot be	granted. Agency is unable to Agency does not maintain the Other agency that is believed to	· <u> </u>	or the following reason:
	Agency needs further clarificate and provide the following info	tion or description of the records requer	sted. Please contact the agency
	Request requires agency to cre is not readily retrievable. (HR	eate a summary or compilation from red S § 92F-11(c))	cords, but requested information
Althou on the	igh the agency maintains th	nied in part, $OR \square$ Is denied in it e requested records, it is not discloss $\$92F-13$ and/or $\$92F-22$ or other the agency will not disclose.)	osing all or part of them based
	ON WITHHELD ere to enter text.	APPLICABLE STATUTES Click or tap here to enter text.	AGENCY JUSTIFICATION Click or tap here to enter text.

REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees and costs assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested. For questions about this notice or the records being sought, please ask the agency's contact person named at the top of this form. Also, please submit your payment, if any, to the agency at the address listed at the top of this form. DO NOT SEND YOUR PAYMENT to the Office of Information Practices (OIP) unless you are requesting records directly from OIP.

If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request and the agency shall have no further duty to process your request. Once the agency begins to process your request, you may be liable for any fees and costs incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

Please note that the Office of Information Practices (OIP) does <u>not</u> maintain the records of other agencies, and a requester must seek records directly from the agency it believes maintains the records. If the agency denies or fails to respond to your written request for records or if you have other questions regarding compliance with the UIPA, then you may contact OIP at (808) 586-1400, <u>oip@hawaii.gov</u>, or 250 South Hotel Street, Suite 107, Honolulu, Hawaii, 96813.

METHOD & TIMING OF DISCLOSURE:

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days from the date the request was received, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days after this notice or after receipt of any prepayment required. HAR § 2-71-13(c). If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

Meti	nod of L	Disclosure:			
	Inspe	ection at the following location:			
\boxtimes	As re	quested, a copy of the record(s) will be provided in the following manner:			
		Available for pick-up at the following location:			
	\boxtimes	Will be emailed to you at request+9xzu6ypd9x@foi.uipa.org			
		Will be transmitted to you by other means requested:			
Timi	ing of D	isclosure: All records, or the first increment if applicable, will be made available or provided to you:			
\boxtimes	On J	une 25, 2024.			
	After prepayment of 50% of fees and 100% of costs, as estimated below.				
For	increme	ental disclosures, each subsequent increment will be disclosed within 20 business days after:			
	\square The prior increment (if one prepayment of fees is required and received), or				
		Receipt of each incremental prepayment, if prepayment for each increment is required.			
	Reco	ords will be disclosed in increments because the records are voluminous and the following			
	exte	nuating circumstances exist:			
		Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F.			
		Request requires extensive agency efforts to search, review, or segregate the records or otherwise prepare the records for inspection or copying.			
		Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.			
		A natural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.			

ESTIMATED FEES & COSTS AND PAYMENT:

FEES: For personal record requests under Part III of chapter 92F, HRS, the agency may charge you for its costs only, and fee waivers do not apply.

For public record requests under Part II of chapter 92F, HRS, the agency is authorized to charge you fees to search for, review, and segregate your request (even if a record is subsequently found to not exist or will not be disclosed in its entirety). The agency must waive the first \$30 in fees assessed for general requesters, OR in the alternative, the first \$60 in fees when the agency finds that the request is made in the public interest. Only one waiver is provided for each request. See HAR §§ 2-71-19, -31 and -32.

COSTS: For either personal or public record requests, the agency may charge you for the costs of copying and delivering records in response to your request, and other lawful fees and costs.

PREPAYMENT: The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. If a prepayment is required, the agency may wait to start any search for or review of the records until the prepayment is received by the agency. Additionally, if you have outstanding fees or costs from previous requests, including abandoned requests, the agency may require prepayment of 100% of the unpaid balance from prior requests before it begins any search or review for the records you are now seeking.

The following is an itemization of what you must pay, based on the estimated fees and costs that the agency will charge you and the applicable waiver amount that will be deducted:

For pu	ıblic record requests onl	y :		
Fees:	Search	Estimate of time to be spent: hours (\$2.50 for each 15-minute period)	\$	
	Review & segregation	Estimate of time to be spent: hours (\$5.00 for each 15-minute period)	\$	
	Fees waived	\square general (\$30), $\underline{\mathbf{OR}}$ \square public interest (\$60)	<\$>	
	Other	(Only one waiver per request) Click or tap here to enter text. (Pursuant to HAR §§ 2-71-19 & 2-71-31)	\$	
	Total Estimated Fees:		\$	
For pu	ablic or personal record	requests:		
Costs:	Copying	Estimate of # of pages to be copied: (@ \$ per page, pursuant to HRS § 92-21)	\$	
	Delivery	Postage	\$	
	Other	Click or tap here to enter text.	\$	
	Total Estimated Costs:		\$	
TOTA	L ESTIMATED FEES AN	D COSTS from above:		\$
		costs above are for the first incremental dis er fee waivers, will apply to future incremen	-	dditional fees
	PREPAYMENT IS REQUIRED (50% of fees + 100% of costs, as estimated above)			\$
	UNPAID BALANCE FR	OM PRIOR REQUESTS (100% must be paid be	efore work begins)	\$
TOTA	AL AMOUNT DUE A	AT THIS TIME		\$
	Payment may be made by:	 □ cash □ personal check payable to: Click or tap her □ other 	re to enter text.	
	Submit your payment to the name of the agency	o the agency at the address listed at the beg	inning of this fo	rm, including

REQUEST TO ACCESS A GOVERNMENT RECORD

This is a model form that may be used by a Requester to provide sufficient information for an agency to process a record request. Although the Requester is not required to use this form or to provide any personal information, the agency needs enough information to contact the Requester with questions about this request or to provide its response. This request may not be processed if the agency has insufficient information or is unable to contact the Requester.

DATE:

06-13-2024

то:	Office of Elections Agency that Maintains the Government Record
	elections@hawaii.gov Agency's Contact Information
FROM:	request+zaak843reu@foi.uipa.org Requester's Name or Alias
	request+zaak843reu@foi.uipa.org Requester's Contact Information
AS THE R	REQUESTER, I WOULD LIKE THE FOLLOWING GOVERNMENT RECORD:
subject ma could help	ne government record as specifically as possible so that it can be located. Try to provide a record name, tter, date, location, purpose, or names of persons to whom the record refers, or other information that the agency identify the record. A complete and accurate description of the requested government prevent delays in locating the record. Attach additional pages if needed.
Elections	Commission documents identified by the file correspondence numbers:
EC-24-00	3, EC-24-004, EC-24-005, EC-24-006, and EC-24-007
I WOULD	LIKE: (Please check one or more of the options below, as applicable) inspect the government record
inf	copy of the government record: (Please check only one of the options below.) See the next page for ormation about fees and costs that you may be required to pay for agency services to process your cord request. Note: Copying and transmission charges may also apply to certain options.
	Pick up at agency (date and time): Mail (address):
	[X] E-mail (address): request+zaak843reu@foi.uipa.org
	Fax (toll free and only if available; provide fax number):
	Other, if available (please specify):

	If the agency maintains the records in a form <u>other than paper</u> , please advise in which format you would prefer to have the record .
	Electronic
[X]	Check this box if you are attaching a request for waiver of fees in the public interest (See waiver information on next page).
FEES E	FOR PROCESSING PUBLIC RECORD REQUESTS

You may be charged fees for the services that the agency must perform when processing your request for public records, including fees for making photocopies and other lawful fees. The first \$30 of fees charged for searching for a record, reviewing, and segregating will not be charged to you. Any amount over \$30 will be charged to you. Fees are as follows:

Search for a Record \$2.50 for 15 minutes Review and Segregation of a Record \$5.00 for 15 minutes

Generally, no search, review, and segregation fees may be charged if you are making a request for personal records that are about you.

WAIVER OF FEES IN THE PUBLIC INTEREST

As an <u>alternative</u> to the \$30 fee waiver (not in addition to), the agency may waive the first \$60 of fees for searching for, reviewing and segregating records when the waiver would serve the public interest. If you wish to apply for a waiver of fees in the public interest, you must attach to this request a statement of facts, including your identity as the requester, to show how the waiver of fees would serve the public interest. The criteria for this waiver, found at section 2-71-32, Hawaii Administrative Rules, are

- (1) The requested record pertains to the operations or activities of an agency;
- (2) The record is not readily available in the public domain; and
- (3) The requester has the primary intention and the actual ability to widely disseminate information from the government record to the public at large.

COSTS

The Agency may charge you any other lawful fees and the costs to copy and deliver your personal or public record request.

AGENCY RESPONSE TO YOUR REQUEST FOR ACCESS

The agency to which you addressed your request must respond within a set time period. The agency will normally respond to you within 10 business days from the date it receives your request; however, in *extenuating circumstances*, the agency must respond within 20 business days from the date of your request. If you have questions about the response time or the records being sought, you should first contact the agency and request to consult with the agency's UIPA contact person.

Please note that the Office of Information Practices (OIP) does not maintain the records of other agencies and a requester must seek records directly from the agency. If the agency denies or fails to respond to your written request for records or if you have other questions regarding compliance with the UIPA, then you may contact OIP at 808-586-1400, oip@hawaii.gov, or 250 South Hotel Street, Suite 107, Honolulu, Hawaii 96813.

REQUESTER'S RESPONSIBILITIES

You have certain responsibilities under section 2-71-16, Hawaii Administrative Rules, which include making arrangements to inspect and copy records, providing further clarification or description of the requested record as

additional training	agency's notice, a g materials are avail	able online at oip	.hawaii.gov or f	rom OIP.	

From: OE.Elections.Commission

To: Ralph Cushnie

Cc: <u>OE.Elections.Commission</u>

Subject: RE: [EXTERNAL] Records Request for Office of Elections: Elections Commission documents [#1166]

 Date:
 Tuesday, June 25, 2024 3:33:43 PM

 Attachments:
 Cushnie Ralph - NTR - 2024.06.13.pdf

Documents Requested by Cushnie - 2024.06.13.pdf

Aloha,

Please see attached Notice to Requester in response to your records request.

Thank you, Office of Elections (808) 453-VOTE (8683) elections.commission@hawaii.gov

----Original Message-----

From: Ralph Cushnie <request+zaak843reu@foi.uipa.org>

Sent: Thursday, June 13, 2024 9:05 AM To: OE.Elections <elections@hawaii.gov>

Subject: [EXTERNAL] Records Request for Office of Elections: Elections Commission documents [#1166]

Aloha,

Pursuant to the public records law, I would like to request the following records in electronic format sent to my email address.

Mahalo,

Ralph Cushnie