



**FORM
ORG**
(Rev. 8/2017)



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: _____ **Amended Statement**
 For Lobbying Reporting Period: Jan. 1 - last day of Feb. Mar. 1 – Apr. 30 May 1 – Dec. 31 Special Session _____
 For Lobbying of: Legislature State Agency Name of State Agency _____

ORGANIZATION INFORMATION

Organization Name _____ Contact Person _____

 Mailing Address (Number and Street or P.O. Box) _____

 City _____ State _____ Zip Code _____

 Telephone _____ Extension _____ Email Address _____

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials.....	1 _____
2	Media Advertising.....	2 _____
3	Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name Compensation Paid	
	A. _____ A. _____	
	B. _____ B. _____	
	C. _____ C. _____	
	D. _____ D. _____	
	E. _____ E. _____	
	F. _____ F. _____	
	G. Total from Additional Attached Sheet(s).....	G. _____
	Add lines A through G..... Total Compensation Paid ►	3 _____
4	Fees Paid to Consultants for Services.....	4 _____
5	Entertainment & Events.....	5 _____
6	Receptions, Meals, Food, & Beverages.....	6 _____
7	Gifts.....	7 _____
8	Loans.....	8 _____
9	Interstate Transportation, Including Incidental Meals and Lodging.....	9 _____
10	Other Disbursements.....	10 _____
	Add lines 1 through 10 Total Expenditures ►	_____

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value

Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

AUTHORIZED PERSON

 Type Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.