

REPORT YEAR: **Amended Statement** Special Session #1 Special Session #2 LOBBYIST INFORMATION Last Name First Name M.I. Lobbyist Firm/Employer Mailing Address (Number and Street or P.O. Box) Zip Code City State Telephone Email Address Extension PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed) EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED Preparation & Destriction SC. Compensation Patolog L Res Pote to Consultante Receiption Medice Food Offer Disbusenens Metie Adenting APENDITURES TOTAL Citte **Organization's Names** 1 2. 3. 4 5. 6. 7 8 9. 10 11 12. 13 14. 15. 16. Total Expenditures from Additional Attached Sheet(s) Add Total Expenditures (lines 1 through 16) Total Expenditures >

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

On Behalf of ORG	Amount or Value
	On Behalf of ORG

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name	On Behalf of ORG	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.