



FORM  
LOB  
(Rev. 3/2015)

STATE OF HAWAII  
STATE ETHICS COMMISSION



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

REPORT YEAR: 2015  Amended Statement

For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

**LOBBYIST INFORMATION**

Finlay Amanda J  
Last Name First Name M.I.

American Civil Liberties Union of Hawaii  
Lobbyist Firm/Employer  
P.O. Box 3410

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

Honolulu HI 96801  
City State Zip Code  
(808) 522-5905 mfinlay@acluhawaii.org  
Telephone Extension Email Address

**PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)**

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

| Organization's Names | Preparation & Distribution of Lobbying Materials | Media Advertising | Compensation Paid to Lobbyists | Fees Paid to Consultants or Services | Entertainment & Events | Receptions, Meals, Food & Beverages | Gifts | Loans | Other Disbursements | EXPENDITURES | TOTAL |
|----------------------|--|-------------------|--------------------------------|--------------------------------------|------------------------|-------------------------------------|-------|-------|---------------------|--------------|-------|
| 1. ACLU of Hawaii    | 0  | 0                 | 0                              | 0                                    | 0                      | 0                                   | 0     | 0     | 0                   | 0            | 0     |
| 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 ▶ 0

**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.

| Name           | On Behalf of ORG | Amount or Value |
|----------------|------------------|-----------------|
| Not Applicable |                  | 0.00            |
|                |                  |                 |
|                |                  |                 |

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 |
|----------------|------------------|-----------------|
| Not Applicable |                  | 0.00            |
|                |                  |                 |
|                |                  |                 |

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 |
|----------------|------------------|-----------------|
| Not Applicable |                  | 0.00            |
|                |                  |                 |
|                |                  |                 |

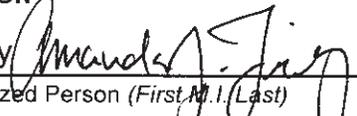
Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other (indicate below):         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | <u>Civil Rights/Liberties</u>                                       |

**AUTHORIZED PERSON**

Amanda J Finlay  Advocacy Coordinator 1/19/2016  
 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.