



FORM  
LOB  
(Rev. 3/2015)

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HAWAII STATE ETHICS COMMISSION  
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

STATE OF HAWAII  
STATE ETHICS COMMISSION

REPORT YEAR: 2016  Amended Statement

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

LOBBYIST INFORMATION

Lum April  
Last Name First Name M.I.

Family Programs Hawaii  
Lobbyist Firm/Employer  
250 Vineyard Street

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

Honolulu HI 96813  
City State Zip Code  
521-9531 224 kcoarsey@familyprogramshi.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 & Consultants	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. Family Programs 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) ..... 0

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

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

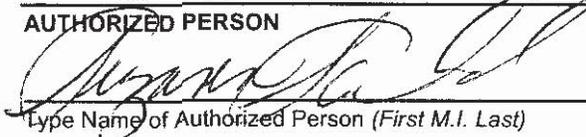
Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input checked="" 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 type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | <u>Child welfare</u>  |

**AUTHORIZED PERSON**

 Accounting & HR Manager 3/15/2016  
 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.