



FORM  
ORG  
(Rev. 5/2012)

STATE OF HAWAII  
STATE ETHICS COMMISSION



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

REPORT YEAR: 2013  Amended Statement

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

**ORGANIZATION INFORMATION**

Autism Speaks  
Organization Name  
125 Ashworth Drive

Lorri Unumb  
Contact Person

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

Lexington, SC 29072

City

State

Zip Code

(803) 582-9905

Telephone

Extension

Email Address

**PART I. TOTAL EXPENDITURES**

		Total Amount
1	Preparation & Distribution of Lobbying Materials _____	1 _____
2	Media Advertising _____	2 _____
3	Postage _____	3 _____
4	Compensation Paid to Lobbyists <b>(Attached Additional Sheets As Needed)</b> <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
A.	Gary M. Slovin _____	A. 10,471.00
B.	Mihoko E. Ito _____	B. 10,471.00
C.	Tiffany N. Yajima _____	C. 0.00
D.	_____	D. _____
E.	_____	E. _____
F.	_____	F. _____
G.	Total from Additional Attached Sheet(s) _____	G. _____
	Add lines A through G _____ Total Compensation Paid ▶ 4	20,942.00
5	Fees Paid to Consultants (other than to Lobbyists) _____	5 _____
6	Entertainment & Events _____	6 _____
7	Receptions, Meals, Food & Beverages _____	7 _____
8	Gifts _____	8 _____
9	Loans _____	9 _____
10	Other Disbursements _____	10 _____
	Add lines 1 through 10 _____ Total Expenditures ▶	20,942.00

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

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

Name & Address	Amount or Value

Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

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

Name & Address	Amount or Value

Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

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

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:

- |  |   |   |   |
|--|---|---|---|
| <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 checked="" 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 checked="" 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                        | _____   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

*Lorri S. Unumb*  
 Signature of Authorized Person

1-16-14  
 Date

Lorri Unumb  
 Print Name

Vice President State Government  
 Title