



FORM  
ORG  
(Rev. 5/2012)



**HAWAII STATE ETHICS COMMISSION**  
**ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT-8** A11 :44

REPORT YEAR: 2013  Amended Statement

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

STATE OF HAWAII  
STATE ETHICS COMMISSION

**ORGANIZATION INFORMATION**

Hawaiian Humane Society  
Organization Name  
2700 Waialae Avenue

Pamela Burns  
Contact Person

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

Honolulu

HI

96826

City

State

Zip Code

(808) 946-2187

202

pburns@hawaiianhumane.org

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 <i>(Attached Additional Sheets As Needed)</i><br><i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i> |                                    |
|    | Lobbyist Name   | Compensation Paid                  |
| A. | BT Consulting, Inc. dba Advocates   | 100.00                             |
| B. |   |                                    |
| C. |   |                                    |
| D. |   |                                    |
| E. |   |                                    |
| F. |   |                                    |
| G. | Total from Additional Attached Sheet(s)   |                                    |
|    | Add lines A through G   | Total Compensation Paid ▶ 4 100.00 |
| 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 ▶ 100.00        |

**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:

- 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

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

Signature of Authorized Person

Pamela Burns

Print Name

Date

3/6/13

President

Title