

FORM ORG

Hawaii State Ethics Commmission Received 1/30/2014 11:58:01 AM



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REF	ORT YEAR: 20°	13	Amended Stateme	nt			
For I	Lobbying Reporting P	Period: January 1 -	last day of February	March 1	- April 30	✓ May 1	- December 31
ORO	SANIZATION INFO	ORMATION					
Orga	National Organization for Marriage, Inc. ("NOM") Organization Name Contact Person 2029 K St NW, Suite 300						
	-	er and Street or P.O. Bo	ox)				
Wa	shington			DC			20006
City	. 457 0000			State			Zip Code
	2-457-8060			t@nationformarriage.org			
Tele	phone	Extension	Email Address				
PAR 1	Preparation & Dis		Materials			1	Total Amount 2159
2	, and the second						112000
3							
4	List the names of all lo Lobbyist Name A. B. C. D. E. F. G. Total from Additi	ional Attached Sheet(s).	ched Additional Sheet paid to lobbyists during the	A B D E F G G.	ation Paid	0 0 0 0 0	0.00
_		_					0.00
_	5 Fees Paid to Consultants (other than to Lobbyists)					_	0
6					6		
7	Receptions, Meals, Food & Beverages 7					0	
8						0	
9 10							4810.77
	Add lines 1 thre	ugh 10		To	tal Evnand	ituros 🏲	118 969 77

Name and address of each perso calendar day was made and amo		or the purpose of lobbying in the total su	m of \$25 or more in any single
Name & Address			Amount or Value
Check here if addition	onal sheets are attached		
		ER PERSON or the purpose of lobbying in the aggreg	ate of \$150 or more was made during
Name & Address			Amount or Value
Mission Public Affa	irs, 1415 L St, Ste 125	0, Sacramento, CA 958	114451.97
ccAdvertising, 5900	Fort Dr, Centreville, V	/A 20121	7500
NOM, 2029 K St N	et 4517.8		
value)			
Check here if addition	onal sheets are attached		
and the amount or value of such on Name & Address	n making contributions to the filer for p contribution.		Amount or Value
No contributions we	ere received that were	given for the purpose o	<u>f</u>
lobbying in Hawaii.			
Check here if addition	onal sheets are attached		
PART III. SUBJECT ARE Legislative and/or administrative a		orted or opposed during the statement p	eriod:
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	Definition of marriage
AUTHORIZED PERSON			
Brian S. Brown		President	01/30/2014
Print Name of Authorized	Person <i>(First M.I. Last)</i>	Title	Date (m/d/yyyy)
above and the information	contained in the form is true, correct	m that you are the person whose namet and complete to the best of your know failing to report the information requ	

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY