



FORM
ORG
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2014 Amended Statement

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

ORGANIZATION INFORMATION

Hawaii Family Advocates

Jim Hochberg

Organization Name

Contact Person

1100 Alakea Street

Suite 2424

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

Honolulu

HI

96813

City

State

Zip Code

(808) 534-1514

jim@hawaiifamilyadvocates.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials	0.00
2	Media Advertising	0.00
3	Postage	0.00
4	Compensation Paid to Lobbyists (Attached Additional Sheets As Needed)	
<i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>		
	Lobbyist Name	Compensation Paid
A.	James Hochberg, AAL (Lloyd James Hochberg)	2,020.94
B.		
C.		
D.		
E.		
F.		
G.	Total from Additional Attached Sheet(s)	
	Add lines A through G	Total Compensation Paid ▶ 4 2,020.94
5	Fees Paid to Consultants (other than to Lobbyists)	504.00
6	Entertainment & Events	0.00
7	Receptions, Meals, Food & Beverages	0.00
8	Gifts	0.00
9	Loans	0.00
10	Other Disbursements	0.00
	Add lines 1 through 10	Total Expenditures ▶ 2,524.94

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value
Eva Andrade	504.00
James Hochberg AAL	2,020.94

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value
Brogan, Mary Louise 797 Moaniala St. Honolulu HI 96821	100.00
Brown, Beth 3447 McCorrison Street Honolulu, Hawaii 96815	1,500.00
Ching, Patricia 99-1242 Napuanani Road Aiea, Hawaii 96701-3080	200.00
Kama-Kimura, Rita 95-1519 Ainamakua Dr. Mililani HI 96789	25.00

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 checked="" 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 checked="" 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 checked="" 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 | Faith, Family, and Religious Freedom |

AUTHORIZED PERSON

Shawn Luiz  Vice President
 Print Name of Authorized Person (first M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box, 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.

hawaiifamilyadvocates 2014-4-9 Part II Contributions Received additional sheets HFA Org Report MarchApril 2014.xlsx

Fritz, Anne	P.O. Box 2496 Ewa Beach, Hawaii 96706	150
	95-106 Wekiu Street	
Kido, Keith	Mililani, Hawaii 96789	50
	94-562 Palai Street	
Nielson, Jared	Waipahu, Hawaii 96789	100
Nitta, Gail	1111 Wilder Avenue, Apt 2A	25
	2228 Liliha Street, #401	
Pang, Bobbie & Derek	Honolulu, Hawaii 96817	500
Papa, Kathleen	94-364 Nahokupa Place	50
	4350 Halupa Street	
Pechauer, Janice	Honolulu, Hawaii 96818	100
	94-161 Apele Place	
Smith, Bernadette	Mililani, Hawaii 96789	100
	94-719 Meheula Parkway, Apt 1D	
Takizawa, Rita	Mililani, Hawaii 96789-2190	50
White, Carol	1516 Emerson Street #102	120
	P.O. Box 894090	
Williams, Sharon	Mililani, Hawaii 96789	250