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FORM
ORG
(Rev. 5/2013)

STATE OF HAWAII
STATE ETHICS COMMISSION



**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

Drug Policy Action Group
Organization Name
P.O. Box 240323

Pamela Lichy
Contact Person

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

Honolulu

HI

96824

City

State

Zip Code

(808) 469-5249

pamelalichy@gmail.com

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 (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. | <u>BT Consulting, Inc. dba Advocates</u> | <u>1,800.00</u> |
| B. | _____ | _____ |
| C. | _____ | _____ |
| D. | _____ | _____ |
| E. | _____ | _____ |
| F. | _____ | _____ |
| G. | Total from Additional Attached Sheet(s) _____ | G. _____ |
| | Add lines A through G _____ Total Compensation Paid ▶ 4 | <u>1,800.00</u> |
| 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 ▶ | <u>1,800.00</u> |

