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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

Organization Name Campaign for the fair Sentencing of Youth Contact Person James Odd

Mailing Address (Number and Street or P.O. Box) 1319 F Street NW, Ste. 303,

City Washington State D.C. Zip Code 20004

Telephone 202-347-5182 Extension      Email Address Jodd@fair-sentencingofyouth.org

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>James Odd</u>	A. <u>42,000.<sup>00</sup></u>
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____
E. _____	E. _____
F. _____	F. _____
G. Total from Additional Attached Sheet(s) _____	G. _____
Add lines A through G _____ Total Compensation Paid ▶ 4	<u>42,000.<sup>00</sup></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>42,000.<sup>00</sup></u>

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

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

Name	On Behalf of ORG	Amount or Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if additional sheets are attached

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

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

Name	On Behalf of ORG	Amount or Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

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

Name	On Behalf of ORG	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 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 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 checked="" type="checkbox"/> Public Safety & Corrections             | _____                                                               |

**AUTHORIZED PERSON**

James C. Dold Advocacy Director 12/29/19  
 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.