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FORM
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(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: Good Beginnings Alliance - Children's Action Network

Contact Person: Deborah Zysman

Mailing Address *(Number and Street or P.O. Box)*: 850 Richards St., Ste 201

City: Honolulu State: HI Zip Code: 96813

Telephone: 808.531.5502 Extension: Email Address: dzysman@goodbeginnings.org

PART I. TOTAL EXPENDITURES

			Total Amount
1	Preparation & Distribution of Lobbying Materials	1	7,212
2	Media Advertising	2	731,524
3	Postage	3	830
4	Compensation Paid to Lobbyists ***(Attached Additional Sheets As Needed)*** *List the names of all lobbyists and compensation paid to lobbyists during the statement period*		

Lobbyist Name	Compensation Paid
A. Deborah Zysman	A. 13,135
B. Jacce Mikulanec	B. 40,640
C. Ku'ulani Keohokalole	C. 17,256
D. Brad Bailey	D. 10,367
E.	E.
F.	F.
G. Total from Additional Attached Sheet(s)	G.
Add lines A through G	Total Compensation Paid ▶ 4 — 81,398

5	Fees Paid to Consultants (other than to Lobbyists)	5	45,377
6	Entertainment & Events	6	6,238
7	Receptions, Meals, Food & Beverages	7	
8	Gifts	8	
9	Loans	9	
10	Other Disbursements	10	13,931
	Add lines 1 through 10	**Total Expenditures ▶**	886,510

REC'D BY HAND DELIVERY

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 NONE	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 NONE	Amount or Value

☐ **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
Kamehameha Schools, 567 S. King St, Honolulu, HI 96813	500,000.00
The Omidyar Family Trust, 4348 Waialae Ave #400, Honolulu, HI 96816	350,000.00
First Insurance Charitable Trust, 1100 Waca Ave, Honolulu, HI 96814	15,000.00
Hawaiian Electric Industries, PO Box 730, Honolulu, HI 96808	10,000.00

☑ **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:

☐ 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	

AUTHORIZED PERSON

Deborah Zysman	Executive Director	2/17/2015
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.