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(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

STATE OF HAWAII  
STATE ETHICS COMMISSION

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: Hawaii Chapter of CAI Legislative Action Committee  
Contact Person: Na Lan

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

1000 Bishop St., Ste. 801

City: Honolulu

State: HI

Zip Code: 96813

Telephone: 532-7261 Extension: \_\_\_\_\_ Email Address: nalan@myhawaiiilaw.com

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 <b>(Attached Additional Sheets As Needed)</b> <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
A.	<u>Alicia Maluafiti</u>	<u>16,000.00</u>
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____
G.	Total from Additional Attached Sheet(s) _____	_____
	Add lines A through G _____ Total Compensation Paid ▶	16,000.00
5	Fees Paid to Consultants (other than to Lobbyists) _____	_____
6	Entertainment & Events _____	_____
7	Receptions, Meals, Food & Beverages _____	_____
8	Gifts _____	_____
9	Loans _____	_____
10	Other Disbursements _____	_____
	Add lines 1 through 10 _____ Total Expenditures ▶	16,000.00

(Amount prorated per fixed annual contract, not for direct lobbying)

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	Amount or Value
N/A	

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
N/A	

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
To be reported on an amendment statement upon receipt of relevant accounting statement for the period	

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 checked="" 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 checked="" type="checkbox"/> Housing             | <input type="checkbox"/> Public Safety & Corrections                        |   |

**AUTHORIZED PERSON**

Na Lan Hawaii CAI LAC Chair 1/22/2015  
 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