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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: 2015 Amended Statement

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

ORGANIZATION INFORMATION

Live Nation Entertainment, Inc.
Organization Name
7060 Hollywood Boulevard, 11th Floor

Becky Relic
Contact Person

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

Hollywood

CA

90028

City

State

Zip Code

(323) 769-4600

GR@LiveNation.com

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials_____	1 0.00
2	Media Advertising_____	2 0.00
3	Postage_____	3 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.	Hawaii Public Policy Advocates, LLC	A. 2,000.00
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 2,000.00
5	Fees Paid to Consultants (other than to Lobbyists)_____	5 0.00
6	Entertainment & Events_____	6 0.00
7	Receptions, Meals, Food & Beverages_____	7 0.00
8	Gifts_____	8 0.00
9	Loans_____	9 0.00
10	Other Disbursements_____	10 0.00
	Add lines 1 through 10 _____ Total Expenditures ▶	2,000.00

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
N/A	

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 checked="" 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 checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input checked="" 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 type="checkbox"/> Public Safety & Corrections | |

AUTHORIZED PERSON

Becky L. Relic SVP, Gov't Affairs 3/19/2015
 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.