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FORM
ORG
(Rev 3/2015)

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

Hawai'i Alliance of Nonprofit Organizations
Organization Name
1020 S. Beretania Street
2nd Floor
Mailing Address (Number and Street or P.O. Box)
Honolulu HI 96814
City State Zip Code
(808) 529-0454 Extension Email Address
Imaruyama@hano-hawaii.org

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials	10.00
2 Media Advertising.....	2
3 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>Lisa T. Maruyama</u> A. <u>177.08</u>	
B. <u>Nicole N. Love</u> B. <u>418.75</u>	
C. _____ C. _____	
D. _____ D. _____	
E. _____ E. _____	
F. _____ F. _____	
G. Total from Additional Attached Sheet(s)..... G. _____	
Add lines A through G..... Total Compensation Paid ▶ 3	595.83
4 Fees Paid to Consultants or Services	4
5 Entertainment & Events.....	5
6 Receptions, Meals, Food, & Beverages.....	47.63
7 Gifts.....	15.00
8 Loans.....	8
9 Other Disbursements.....	26.39
Add lines 1 through 9..... Total Expenditures ▶	694.85

RECEIVED BY U.S. MAIL

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

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

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
Friends of Iolani Palace (in-kind), 364 S. King St., Honolulu 96813	150.00

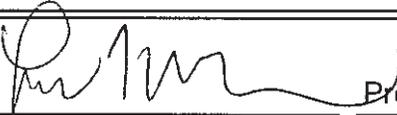
Check here if additional sheets are attached

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

Lisa T. Maruyama  President & CEO 3/31/2015
 Type Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, 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.