



**FORM
ORG**
(Rev. 3/2015)

Hawaii State Ethics Commission Received
3/25/2015 1:33:19 PM



**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

Hawaii Center for Food Safety
 Organization Name
 1132 Bishop Street
 Suite 2107
 Mailing Address (Number and Street or P.O. Box)
 Honolulu HI 96813
 City State Zip Code
 8086817688 acoutu@centerforfoodsafety.org
 Telephone Extension Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials.....	1 <u>500</u>
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.	Ashley Lukens A. _____ 1568	
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 ▶ 3	<u>1,568.00</u>
4	Fees Paid to Consultants or Services.....	4 <u>1922.54</u>
5	Entertainment & Events.....	5 _____
6	Receptions, Meals, Food, & Beverages.....	6 _____
7	Gifts.....	7 _____
8	Loans.....	8 _____
9	Other Disbursements.....	9 _____
	Add lines 1 through 9..... Total Expenditures ▶	<u>3,990.54</u>

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

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

Ashley B Lukens	Program Director	3/17/2015
Type Name of Authorized Person (<i>First M.I. Last</i>)	Title	Date (<i>m/d/yyyy</i>)

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.