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

Hawaii State Ethics Commmission Received
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# 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**

American Lung Association of the Mountain Pacific
Organization Name

Kim Nguyen
Contact Person

dba American Lung Association in Hawaii
810 Richards St Suite 750
Mailing Address *(Number and Street or P.O. Box)*

Honolulu
City

HI
State

96813
Zip Code

808-687-5375
Telephone

Extension

Kim.Nguyen@lung.org
Email Address

**PART I. TOTAL EXPENDITURES**

| | | | Total Amount |
|---|---|---|---|
| 1 | Preparation & Distribution of Lobbying Materials | 1 | 0 |
| 2 | Media Advertising | 2 | |
| 3 | 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. Kim Nguyen | A. 0.0 |
| 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 | 0.00 |
| 4 | Fees Paid to Consultants or Services | 4 | |
| 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 ►** | 0.00 |

## 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 |
|---|---|
| | |
| | |
| | |
| | |

☐ **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

| Kim Nguyen | Executive Director - HI | 1/22/2016 |
|---|---|---|
| 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.