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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: 2016 Amended Statement

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

ORGANIZATION INFORMATION

Family Programs Hawaii
Organization Name
250 Vineyard Street

Suzanne Sarlund
Contact Person

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

Honolulu

HI

96822

City

State

Zip Code

521-9531

234

ssarlund@familyprogramshi.org

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 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. _____	A. _____ 0.00
B. _____	B. _____ 0.00
C. _____	C. _____ 0.00
D. _____	D. _____ 0.00
E. _____	E. _____ 0.00
F. _____	F. _____ 0.00
G. Total from Additional Attached Sheet(s)	G. _____ 0.00
Add lines A through G.....	Total Compensation Paid ▶ 3 0.00
4 Fees Paid to Consultants or Services	4 0.00
5 Entertainment & Events.....	5 0.00
6 Receptions, Meals, Food, & Beverages.....	6 0.00
7 Gifts.....	7 0.00
8 Loans.....	8 0.00
9 Other Disbursements	9 0.00
Add lines 1 through 9.....	Total Expenditures ▶ 0.00

