



FORM
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(Rev 3/2015)

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HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

STATE OF HAWAII
STATE ETHICS COMMISSION

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
The Sierra Club of Hawai'i

Martha Townsend

Organization Name
P.O. Box 2577

Contact Person

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

HI

96803

City
808-538-6616

State

Zip Code

hawaii.chapter@sierraclub.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

| | | Total Amount |
|----|---|-------------------|
| 1 | Preparation & Distribution of Lobbying Materials..... | 46 |
| 2 | Media Advertising..... | 0 |
| 3 | Compensation Paid to Lobbyists <i>(Attached Additional Sheets As Needed)</i> <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i> | |
| | Lobbyist Name | Compensation Paid |
| A. | Martha Townsend | 3792 |
| B. | | |
| C. | | |
| D. | | |
| E. | | |
| F. | | |
| G. | Total from Additional Attached Sheet(s)..... | |
| | Add lines A through G..... | 0 |
| | Total Compensation Paid ▶ 3 | 0 |
| 4 | Fees Paid to Consultants or Services..... | 0 |
| 5 | Entertainment & Events..... | 1000 |
| 6 | Receptions, Meals, Food, & Beverages..... | 0 |
| 7 | Gifts..... | 0 |
| 8 | Loans..... | 0 |
| 9 | Other Disbursements..... | 2250 |
| | Add lines 1 through 9..... | 7042 |
| | Total Expenditures ▶ | 7042 |

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 |
|--|-----------------|
| Marti Townsend, P.O. Box 2577 Honolulu 96803 | see above |
| | |
| | |

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 |
|----------------|-----------------|
| same as above | |
| | |
| | |

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.

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" 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 checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below). _____ |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

| | | |
|--|----------|-----------------|
| Martha Townsend | Director | 2/29/2016 |
| 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.