

18 MAY 17 A7:44



FORM
ORG
(Rev. 9/2017)

STATE OF HAWAII
STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2018 Amended Statement

For Lobbying Reporting Period: Jan. 1 - last day of Feb. Mar. 1 - Apr. 30 May 1 - Dec. 31 Special Session

For Lobbying of: Legislature State Agency Name of State Agency _____

ORGANIZATION INFORMATION

Compassion & Choices
Organization Name
8156 S Wadsworth Blvd., E-162

Marcia Campbell
Contact Person

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

Littleton
City

CO
State

80128
Zip Code

(800) 247-7421
Telephone

Extension

mcampbell@compassionandchoices.org
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. <u>Joe Barnes</u>	A. <u>1,323.96</u>
B. <u>John S. Crowley</u>	B. <u>1,129.80</u>
C. <u>Kat West</u>	C. <u>841.40</u>
D. <u>Eddie Charmaine Manansala</u>	D. <u>677.24</u>
E. <u>BT Consulting, Inc. dba Advocates</u>	E. <u>4,800.00</u>
F. <u>Michael John Golojuch</u>	F. <u>0.00</u>
G. Total from Additional Attached Sheet(s)	G. <u>1,200.00</u>
Add lines A through G	Total Compensation Paid ▶ 3 9,972.40
4 Fees Paid to Consultants for 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 Interstate Transportation, Including Incidental Meals and Lodging	9 0.00
10 Other Disbursements	10 0.00
Add lines 1 through 10	Total Expenditures ▶ 9,972.40



FORM
ORG
(Rev. 8/2017)



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2018 Amended Statement
 For Lobbying Reporting Period: Jan. 1 - last day of Feb. Mar. 1 - Apr. 30 May 1 - Dec. 31 Special Session
 For Lobbying of: Legislature State Agency Name of State Agency _____

ORGANIZATION INFORMATION

Compassion & Choices
 Organization Name
 8156 S Wadsworth Blvd., E-162

Marcia Campbell
 Contact Person

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

Littleton City CO State 80128 Zip Code
 (800) 247-7421 Telephone Extension mcampbell@compassionandchoices.org 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 (<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.	Mary M. Steiner A. 0.00	
B.	Capitol Consultants of Hawaii B. 1,200.00	
C.	C. _____	
D.	D. _____	
E.	E. _____	
F.	F. _____	
G.	Total from Additional Attached Sheet(s) G. 8,772.40	
	Add lines A through G Total Compensation Paid ▶ 3	9,972.40
4	Fees Paid to Consultants for 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	Interstate Transportation, Including Incidental Meals and Lodging.....	9 0.00
10	Other Disbursements.....	10 0.00
	Add lines 1 through 10 Total Expenditures ▶	9,972.40

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:

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

AUTHORIZED PERSON

Marcia Campbell CFO
 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.