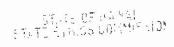


FORM ORG





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

100							
REP	ORT 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 L	obbying of: 🗸 Legislature 🔃 State Agency Name of State Agency						
ORG	SANIZATION INFORMATION						
	Compassion & Choices Marcia Campbell						
Orga	1						
010	66 S Wadsworth Blvd., E-162						
Maili	ng Address (Number and Street or P.O. Box)						
Littl	eton CO		80128				
City	State		Zip Code				
	0) 247-7421 mcampbell@compassionandchoice	S.C	org				
	phone Extension Email Address						
PAR	T I. TOTAL EXPENDITURES						
			Total Amount 0.00				
1	Preparation & Distribution of Lobbying Materials		0.00				
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. Joe Barnes A. 1,323.96						
	B. 1,129.80						
	c. Kat West c. 841.40						
	D. Eddie Charmaine Manansala D. 677.24						
	E. 4,800.00						
	F. Michael John Golojuch F. 0.00						
	G. Total from Additional Attached Sheet(s) G. 1,200.00						
	Add lines A through G	3	9,972.40				
4	Fees Paid to Consultants for Services	4	0.00				
5	Entertainment & Events	-	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	<b>&gt;</b>	9,972.40				

Page 1 of 2







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

	PORT YEAR: 2018 Amended Statemen	<u> </u>	XI <u></u>		
For L	obbying Reporting Period: 💹 Jan. 1 - last day of Feb. 🗹 Mar. 1 -	- Apr. 30 Ma	y 1 – Dec. 31	Sp	ecial Session
For L	obbying of: 🗸 Legislature State Agency Name o	f State Agency			
ORG	GANIZATION INFORMATION				
Compassion & Choices Marcia Ca					ell
Organization Name Contact Pers 8156 S Wadsworth Blvd., E-162					
010	50 3 VVadswortii Bivd., E-102				
Maili	ing Address (Number and Street or P.O. Box)				r
	leton	CO			80128
City		State			Zip Code
<b>\</b>	0) 247-7421 mcampbell@	⊉compassio	nandchoice	s.o	rg
Tele	phone Extension Email Address				(M) 10 1
PAR	RT I. TOTAL EXPENDITURES				
					Total Amount
1	Preparation & Distribution of Lobbying Materials			1	0.00
2	Media Advertising		OVVOLUTE TO BEHIND	2	0.00
3	Compensation Paid to Lobbyists (Attached Additional Sheets List the names of all lobbyists and compensation paid to lobbyists during the s				
	Lobbyist Name	Compensation	Paid		
	A. Mary M. Steiner	Α	0.00		
	B. Capitol Consultants of Hawaii	В	1,200.00		
	c		-		
1	D				
	E	50			
	F.				
	G. Total from Additional Attached Sheet(s)		8 772 40		
	Add lines A through G			3	9,972.40
4	Fees Paid to Consultants for Services		Comments of the second of the	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 Lod	Iging		9	0.00
10	Other Disbursements			0	0.00
	Add lines 1 through 10	Total	Expenditures I	-	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: Agriculture Education Human Services Science, Technology & Economic Development Communications & Intergovernmental Relations, Government Operation & Tourism & Recreation Public Utilities International Affairs Finance. Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other (indicate below)

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.

**CFO** 

Jse Management

Public Safety & Corrections

Housing

Preservation

Ecology, Energy

Environmental Protection

**AUTHORIZED PERSON** 

Marcia Campbell