	FORM ORG (Rev. 8/201	Hawaii State Ethics Commission Re	ceiveo	Ł
	HAWAII STATE ETHICS (ORGANIZATION'S EXPEN	COMMISSION NDITURES AND CONTRIBUTION	S R	EPORT
REP	ORT YEAR: <u>2018</u> Am	ended Statement		
For L	obbying Reporting Period: Jan. 1 - last day of	f Feb. √ Mar. 1 – Apr. 30 🗌 May 1 – Dec. 31 🗍	S	pecial Session
		ency Name of State Agency		
ORG		, , , , , , , , , , , , , , , , , , , ,		
Ror	nan Catholic Church in the State	of Hawaii Msgr. Gary Contact Perso		ecor
Maili	4 Bishop Street ng Address (Number and Street or P.O. Box)			
-	nolulu	HI		96813
City		State		Zip Code
	3)585-3330 phone Extension	gsecor@rcchawaii.org Email Address		
	T I. TOTAL EXPENDITURES			
1		rials		Total Amount 1257
3	Compensation Paid to Lobbyists (Attached A List the names of all lobbyists and compensation paid to	Additional Sheets As Needed)	🗹	
	Lobbyist Name	Compensation Paid		
	A	A	_	
	В	В	_	
	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	
4	Fees Paid to Consultants for Services		. 4	
5	Entertainment & Events		. 5	
6	Receptions, Meals, Food, & Beverages		. 6	
7				
8				
9		al Meals and Lodging	-	
10				
	Add lines 1 through 10	Total Expenditure	s 🕨	1,257.00

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.

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	&	Add	ress
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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	&	Ad	d	res	s
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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		
\checkmark	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
	Culture, Arts, Historic Preservation	V Health	Planning, Land & Water Use Management	Other (indicate below):		
	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
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AUTHORIZED PERSON

Gary L. Secor	Vicar General	4/30/2018
Type Name of Authorized Person (First M.I. Last)	Title	Date <i>(m/d/yyyy)</i>

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.