



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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HONOLULU
 ETHICS COMMISSION
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2019 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2019)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Moone-Jochums Sharon Lee			
LOBBYIST FIRM/EMPLOYER (if applicable) EasterSeals Northern Cal/Catalight Foundation		TELEPHONE (408) 204-2041	
MAILING ADDRESS (No. and Street or P.O. Box) 2730 Shadelands Dr.		FAX	
(City) Walnut Creek		(State) CA	
		EMAIL Sharon.moonejochums@catalight.org	
		(Zip Code) 94598	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) EasterSeals Hawaii		TELEPHONE (808) 529-1701	
MAILING ADDRESS (No. and Street or P.O. Box) 710 Green St.		FAX	
(City) Honolulu		(State) HI	
		EMAIL	
		(Zip Code) 96813	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		0
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0		0
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		TOTAL	
		-0-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount <u>- 0 -</u>
Compensation	Amount <u>\$ 8,000</u>
Contributions	Amount <u>- 0 -</u>
Membership Fees	Amount <u>- 0 -</u>
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

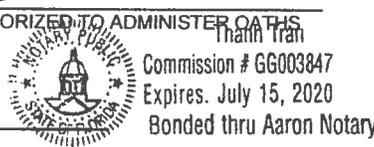
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)

1. <u>HB 1273</u> <u>Medicaid</u> <u>Claim fund</u> Outcome: <u>Became Law</u>	4. Outcome: _____
2. <u>SB 1240</u> <u>Relating to Medicaid</u> <u>Waiver</u> Outcome: <u>Became Law</u>	5. <u>email</u> <u>7-13-2020</u> Outcome: _____
3. Outcome: _____	<input type="checkbox"/> Additional Sheet(s) Attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct. <u>Sharon Marie Jackson</u> LOBBYIST SIGNATURE <u>6/30/20</u> <u>7/13/20</u> DATE	Subscribed and sworn to before me This <u>13th</u> day of <u>July</u> , <u>2020</u> . By: <u>[Signature]</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/15/20</u> 
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