

587-0470



FORM LOB (Rev. 5/2013)

FAX

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HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2013 [] Amended Statement

STATE OF HAWAII STATE ETHICS COMMISSION

For Lobbying Reporting Period: [x] January 1 - last day of February [] March 1 - April 30 [] May 1 - December 31

LOBBYIST INFORMATION

Glick Kevin C Last Name First Name M.I.

Hawaii Community Pharmacists Association Lobbyist Firm/Employer 4491 A Kolopa Street

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

Lihue Hi 96766 City State Zip Code (808) 246-9100 Extension Telephone kglick@wheelchair-kauai.com Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Table with columns for Organization's Names, Preparation & Distribution of Lobbying Materials, Media Advertising, Postage, Fees Paid to Lobbyist, Entertainment & Events, Reception, Meals, Food & Beverages, Gifts, Loans, Other Disbursements, and Total Expenditures. Row 1 shows Hawaii Community Pharmacit with 300 in the Total Expenditures column.

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG	Amount or Value

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name	On Behalf of ORG	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
- Consumer Protection & Commerce
- Hawaiian Affairs
- Labor & Employment
- Transportation
- Culture, Arts, Historic Preservation
- Health
- Planning, Land & Water Use Management
- Other (indicate below):
- Ecology, Energy Environmental Protection
- Housing
- Public Safety & Corrections

AUTHORIZED PERSON

Kevin C. Glick Chair 5/28/2013
 Print Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box, 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.