



FORM  
LOB  
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION  
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2014  Amended Statement  
For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

LOBBYIST INFORMATION

Last Name Glick First Name Kevin M.I.  
Lobbyist Firm/Employer Hawaii Community Pharmacists Assoc  
Mailing Address (Number and Street or P.O. Box) P.O. Box 414  
City Honolulu State HI Zip Code 96809  
Telephone 246-9100 Extension \_\_\_\_\_ Eriail Address \_\_\_\_\_

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)  
EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Postage	Fees Paid to Lobbyist	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	TOTAL EXPENDITURES
1. <u>HCPA</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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7.										
8.										
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10.										
11.										
12.										
13.										
14.										
15.										

16. Total Expenditures from Additional Attached Sheet(s) 0  
Add Total Expenditures (Lines 1 through 16) 0 Total Expenditures 0

REC'D BY FAX

