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FORM LOB (Rev 5/2013)



HAWAII STATE ETHICS COMMISSION STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2014 [ ] Amended Statement

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

LOBBYIST INFORMATION

Galvez Miguel M.I. Last Name First Name

Planned Parenthood of Hawaii Lobbyist Firm/Employer 1350 S. King St., Ste. 309

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

Honolulu HI 96814 City State Zip Code (808) 442-4242 mgalvez@pphi.org Telephone Extension 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: Organization's Names, Preparation & Distribution of Lobbying Materials, Media Advertising, Fees Paid to Lobbyist, Postage, Entertainment & Events, Reception, Meals, Food & Beverages, Gifts, Loans, Other Disbursements, EXPENDITURES, TOTAL. Rows 1-15 for organizations, row 16 for total expenditures from additional sheets, and a final row for total expenditures across all lines.

**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:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education           | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other (indicate below).         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | <u>Civil Rights</u>   |

**AUTHORIZED PERSON**

Miguel A. Galvez Brugu      Volunteer and community relations coordinator      03/12/2014  
 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.