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LOB  
(Rev 5/2013)

STATE OF HAWAII  
STATE ETHICS COMMISSION



### 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**

Alusic Lorin M.I.  
Last Name First Name  
Hewlett-Packard Company  
Lobbyist Firm/Employer  
3000 Hanover Street  
MS 1036  
Mailing Address (Number and Street or P.O. Box)  
Palo Alto CA 94303  
City State Zip Code  
(650) 857-6099 lorin.alusic@hp.com  
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

| Organization's Names                                     | Preparation & Distribution of Lobbying Materials | Media Advertising | Fees Paid to Lobbyist | Postage | Entertainment & Events | Receptions, Meals, Food & Beverages | Gifts | Loans | Other Disbursements | EXPENDITURES | TOTAL              |   |
|--|--|-------------------|-----------------------|---------|------------------------|-------------------------------------|-------|-------|---------------------|--------------|--------------------|---|
| 1. Hewlett-Packard Company                               | 0  | 0                 | 0                     | 0       | 0                      | 0                                   | 0     | 0     | 0                   | 0            | 0                  |   |
| 2.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 3.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 4.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 5.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 6.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 7.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 8.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 9.   |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 10.  |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 11.  |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 12.  |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 13.  |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 14.  |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 15.  |  |                   |                       |         |                        |                                     |       |       |                     |              |                    |   |
| 16. Total Expenditures from Additional Attached Sheet(s) |  |                   |                       |         |                        |                                     |       |       |                     |              | 0                  |   |
| Add Total Expenditures (lines 1 through 16)              |  |                   |                       |         |                        |                                     |       |       |                     |              | Total Expenditures | 0 |

REC'D BY email

**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 |
|------|------------------|-----------------|
| N/A  |                  |                 |
|      |                  |                 |
|      |                  |                 |

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 |
|------|------------------|-----------------|
| N/A  |                  |                 |
|      |                  |                 |
|      |                  |                 |

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 |
|------|------------------|-----------------|
| N/A  |                  |                 |
|      |                  |                 |
|      |                  |                 |

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 type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input checked="" 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 type="checkbox"/> Health                                    | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**AUTHORIZED PERSON**

|   |                      |                 |
|---|----------------------|-----------------|
| Lorin Alusic                                      | Government Relations | 5/19/2014       |
| 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.