



FORM LOB (Rev. 3/2015)

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 [x] May 1 - December 31

LOBBYIST INFORMATION

Kahele Last Name Mel First Name M.I.

Ironworkers Stabilization Fund Lobbyist Firm/Employer 92-662 Palailai St.

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

Kapolei HI 96707 City State Zip Code 671-4344 Telephone Extension Email Address stab625@yahoo.com

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, Compensation Paid to Lobbyists, Fees Paid to Consultants or Services, Entertainment & Events, Receptions, Meals, Food & Beverages, Gifts, Loans, Other Disbursements, EXPENDITURES, TOTAL. Row 1: Ironworkers Stabilization Fund, 6000, 6000.

16. Total Expenditures from Additional Attached Sheet(s)

Add Total Expenditures (lines 1 through 16) Total Expenditures 6000

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 |
|------|------------------|-----------------|
| | | |
| | | |
| | | |

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

AUTHORIZED PERSON

| | | |
|--|-----------------|-----------------|
| <u>Mel Kahele</u> | <u>Lobbyist</u> | <u>1/5/2015</u> |
| Type Name of Authorized Person (First M.I. Last) | Title | Date (m/d/yyyy) |

CERTIFICATION: By checking this box or signing your name on this form, 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.