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FORM 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 [x] May 1 - December 31

LOBBYIST INFORMATION

Oshiro Paul T Last Name First Name M.I. Alexander & Baldwin, Inc. Lobbyist Firm/Employer 822 Bishop Street

Mailing Address (Number and Street or P O Box) Honolulu HI 96813 City State Zip Code (808) 525-6640 poshiro@abinc.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

Table with columns: 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. Row 1: Alexander & Baldwin, Inc. Total: 0

Add Total Expenditures (lines 1 through 16) Total Expenditures 0

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
		0.00

 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
		0.00

 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.*

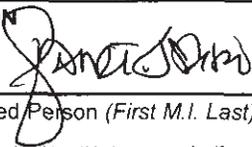
Name	On Behalf of ORG	Amount or Value
		0.00

 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 type="checkbox"/> Education | <input 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 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 type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

Paul T. Oshiro



Mgr., Govt Relations

1/5/2015

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.