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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 May 1 - December 31

LOBBYIST INFORMATION

Oto Mark K.
Last Name First Name M.I.

Hawaii Medical Service Association
Lobbyist Firm/Employer
PO Box 860

Mailing Address (Number and Street or P.O. Box)
Honolulu HI 96808
City State Zip Code
952-7544 mark_oto@hmsa.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	Other Disbursements	Loans	EXPENDITURES	TOTAL	
1.												
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

