



**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

Reimann Carol
 Last Name First Name M.I.
 Monsanto Company
 Lobbyist Firm/Employer
 2111 Piilani Highway

Mailing Address (Number and Street or P.O. Box)
 Kihei HI 96753
 City State Zip Code
 (808) 891-8830 carol.k.reimann@monsanto.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	TOTAL EXPENDITURES
1. Monsanto Company	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)										
Add Total Expenditures (lines 1 through 16)										0

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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 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 type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input 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 type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

Carol Reimann Community and Gov't Affairs Manager 1/19/2015
 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.