



**FORM  
LOB**  
(Rev. 5/2013)

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**HAWAII STATE ETHICS COMMISSION  
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

STATE OF HAWAII  
ETHICS COMMISSION

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**

Santiago Alexander C  
 Last Name First Name M.I.  
 Health and Human Services Advocates  
 Lobbyist Firm/Employer

PO Box 327  
 Mailing Address (Number and Street or P.O. Box)  
 Waianae HI 96792  
 City State Zip Code  
 (808) 383-9032 alexcsanti@gmail.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. Hawaii Psychological Associat                         | 0                                                | 0                 | 0                     | 0       | 0                      | 0                                   | 0     | 0                   | 0     | 0            | 0     |
| 2. Hawaii Dental Hygienists                              | 0                                                | 0                 | 0                     | 0       | 0                      | 0                                   | 0     | 0                   | 0     | 0            | 0     |
| 3. American Association for                              | 0                                                | 0                 | 0                     | 0       | 0                      | 0                                   | 0     | 0                   | 0     | 0            | 0     |
| 4. Marriage & Family Therapy-                            |                                                  |                   |                       |         |                        |                                     |       |                     |       |              |       |
| 5. Hawaii Division                                       |                                                  |                   |                       |         |                        |                                     |       |                     |       |              |       |
| 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     |

**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 checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" 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 checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____                                                               |

**AUTHORIZED PERSON**

Alexander C Santiago

President

Print Name of Authorized Person (First M.I. Last)

Title

1/27/15  
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.