



FORM  
LOB  
(Rev. 5/2013)

15 FEB -3 P12:45



**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**

Waialeale Last Name George First Name M. M.I.  
Automated HealthCare Solutions, LLC  
Lobbyist Firm/Employer

2901 SW 149th Avenue, Ste. 400 Mailing Address (Number and Street or P.O. Box)  
Miramar City FI State 33027 Zip Code

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 | Postage | Fees Paid to Lobbyist | Entertainment & Events | Receptions, Meals, Food & Beverages | Gifts | Loans | Other Disbursements | 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) 0 Total Expenditures

REC'D BY HAND DELIVERY

