FORM
LOB
(Rev. 5/2013)

Hawaii State Ethics Commmission Received
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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

Last Name	First Name	M.I.
Puhi	Desiree	R

Lobbyist Firm/Employer: Molokai Ohana Health Care Inc. dba Molokai Community Health Center

Mailing Address *(Number and Street or P.O. Box)*: Po Box 2040

City	State	Zip Code
Kaunakakai	HI	96748

Telephone	Extension	Email Address
808-553-5038		dpuhi@molokaichc.org

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	TOTAL EXPENDITURES
1.	Molokai Ohana Health Care	.00	.00	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) ..... 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
None		

☐ **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
None		

☐ **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
None		

☐ **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:

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☑ Health	☐ Planning, Land & Water Use Management	☐ Other (indicate below):
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections	_____

AUTHORIZED PERSON

Desiree Puhi	CEO	12/08/2014
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.