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

Hawaii State Ethics Commmission Received
1/26/2015 11:45:58 AM

# 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**

Diesman — Last Name
Jennifer — First Name
M.I.
Hawaii Medical Service Association — Lobbyist Firm/Employer
PO Box 860
Mailing Address *(Number and Street or P.O. Box)*
Honolulu — City
HI — State
96808 — Zip Code
948-5459 — Telephone
Extension
jennifer_diesman@hmsa.com — 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 | TOTAL EXPENDITURES |
|---|---|---|---|---|---|---|---|---|---|---|
| 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

## 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

☐ **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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

☐ **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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

☐ **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

| Jennifer Diesman | VP Gov. Relations | 1/13/2015 |
|---|---|---|
| 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.