



FORM  
LOB  
(Rev. 5/2013)

STATE OF HAWAII  
STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION  
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2015  Amended Statement

For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

LOBBYIST INFORMATION

Chong Pono  
Last Name First Name M.I.

Chamber of Commerce Hawaii  
Lobbyist Firm/Employer  
1132 Bishop Street #2105

Mailing Address (Number and Street or P.O. Box)

Honolulu HI 96813  
City State Zip Code

(808) 380-2607 pchong@cochawaii.org  
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	Distribution of Lobbying Materials	Media Advertising	Fees Paid by Lobbyist	Entertainment & Events	Food & Beverages	Receptions, Meals, Gifts	Other Disbursements	Loans	EXPENDITURES	TOTAL
1. Chamber of Commerce HI	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) Total Expenditures ▶ 0

REC'D BY HAND DELIVERY

**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:

- |  |  |  |  |
|--|--|--|--|
| <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 checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input checked="" type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other (indicate below):                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing                        | <input checked="" type="checkbox"/> Public Safety & Corrections                        | <u>Military Affairs</u>  |

**AUTHORIZED PERSON**

Pono Chong VP, Business Advocacy 3/17/2015  
 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.