



FORM LOB (Rev. 3/2015)

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: [x] January 1 - last day of February [] March 1 - April 30 [] May 1 - December 31

LOBBYIST INFORMATION

Jagosh Paul M
Last Name First Name M.I.
Protect
Lobbyist Firm/Employer
P.O. Box 2127

Mailing Address (Number and Street or P.O. Box)
Knoxville ID 37901
City State Zip Code
(865) 525-0901 pjagosh@hotmail.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

Table with columns: Organization's Names, Preparation & Distribution of Lobbying Materials, Media Advertising, Compensation Paid to Lobbyists, Fees Paid to Consultants or Services, Entertainment & Events, Receptions, Meals, Food & Beverages, Gifts, Loans, Other Disbursements, EXPENDITURES, TOTAL. Row 1: Protect, 0.

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input 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 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 type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other (indicate below): |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | <u>Child Protective Services</u> |

AUTHORIZED PERSON

Paul M Jagosh  Legislative Advisor 3/31/2015
 Type Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, 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.