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

LOBBYIST INFORMATION

IOSUA Last Name MICHAEL First Name L. M.I.

Imanaka Asato LLLC Lobbyist Firm/Employer

745 Fort Street, Suite 1700 Mailing Address (Number and Street or P.O. Box)

Honolulu City HI State 96813 Zip Code

(808) 521-9500 Telephone 224 Extension miosua@imanaka-asato.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

Table with columns: Organization's Names, Preparation 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: Maui Memorial Medical Center, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0.

16. Total Expenditures from Additional Attached Sheet(s) []

Add Total Expenditures (lines 1 through 16) Total Expenditures 0

REC'D BY [Signature]

