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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 March 1 - April 30 May 1 - December 31

LOBBYIST INFORMATION

FLANDERS

Last Name

CHRISTOPHER

First Name

D

M.I.

HAWAII MEDICAL ASSOCIATION

Lobbyist Firm/Employer

1360 S BERETANIA ST., STE 200

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

HONOLULU

City

HI

State

96814

Zip Code

(808) 536-7702

Telephone

110

Extension

CFLANDERS@HMA-ASSN.ORG

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	Compensation Paid to Lobbyists	Fees Paid to Services or Consultants	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1											
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 ►

