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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

110

CFLANDERS@HMA-ASSN.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 | 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 |
|----------------------|--|-------------------|--------------------------------|--------------------------------------|------------------------|-------------------------------------|-------|-------|---------------------|--------------|-------|
| 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 ▶

