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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

Reimann  
Last Name

Carol  
First Name

M.I.

Monsanto Company  
Lobbyist Firm/Employer  
2111 Piilani Highway

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

Kihei  
City

HI  
State

96753  
Zip Code

(808) 891-8830  
Telephone

Extension

carol.k.reimann@monsanto.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

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. Monsanto Company	0	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 email

**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
N/A		

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
N/A		

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
N/A		

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

**AUTHORIZED PERSON**

Carol Reimann	Community Affairs Manager	5/13/2015
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.