



FORM LOB (Rev. 3/2015)

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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

Sword Max J Last Name First Name M.I. Outrigger Enterprises Group (OEG) Lobbyist Firm/Employer 2375 Kuhio Ave.

Mailing Address (Number and Street or P.O. Box) Honolulu HI 96815 City 808 921 6606 State max.sword@outrigger.com Zip Code 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: Outrigger Enterprises Grp, 68.00, 68.00.

Add Total Expenditures (lines 1 through 16) Total Expenditures 68.00

RECEIVED BY U.S. MAIL

**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 checked="" type="checkbox"/> Education                      | <input 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 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 type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                                   | _____  |

**AUTHORIZED PERSON**

W David Carey III



President/CEO

3/26/2015

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.