



**FORM  
LOB**  
(Rev. 5/2013)

STATE OF HAWAII  
STATE ETHICS COMMISSION



**HAWAII STATE ETHICS COMMISSION  
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2016  Amended Statement  
 For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

**LOBBYIST INFORMATION**

Ching Last Name Shawn First Name M.I.  
 BT Consulting, Inc. dba Advocates Lobbyist Firm/Employer  
 1000 Bishop St., # 503

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

Honolulu City HI State 96813 Zip Code  
 (808) 524-4155 Telephone Extension shawnyching@me.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	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. Hawaii Association for Justice	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0
13.	0	0	0	0	0	0	0	0	0	0	0
14.	0	0	0	0	0	0	0	0	0	0	0
15.	0	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

**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 type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services  | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input 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 type="checkbox"/> Health                                    | <input type="checkbox"/> Planning, Land & Water Use Management                         | <input checked="" type="checkbox"/> Other (indicate below):         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input checked="" type="checkbox"/> Public Safety & Corrections                        | <u>tort</u>   |

**AUTHORIZED PERSON**

Shawn Ching

5/17/2016

Print Name of Authorized Person (First M.I. Last)

Title

Date (m/d/yyyy)

**CERTIFICATION:** By checking this box, 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.