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FORM LOB (Rev. 7/2016)

STATE OF HAWAII STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2016 [ ] Amended Statement

[ ] Special Session #1 [x] Special Session #2

LOBBYIST INFORMATION

IMANAKA MITCHELL A. Last Name First Name M.I. Imanaka Asato LLLC Lobbyist Firm/Employer

745 Fort Street, Suite 1700 Mailing Address (Number and Street or P.O. Box) Honolulu HI 96813 City State Zip Code (808) 521-9500 Extension Telephone mimanaka@imanaka-asato.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

Table with columns: Organization's Names, Preparation & Disbursement of Lobbying Materials, Media Advertising, Compensation Paid to Lobbyists, Fees Paid to Consultants or Services, Entertainment & Events, Receipts, Meals, Food & Beverages, Gifts, Loans, Other Disbursements, EXPENDITURES, TOTAL. Row 1: Maui Memorial Medical Center, 0. Row 16: Total Expenditures from Additional Attached Sheet(s), 0. 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
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:

- Agriculture
- Education
- Human Services
- Science, Technology & Economic Development
- Communications & Public Utilities
- Government Operation & Finance
- Intergovernmental Relations, International Affairs
- Tourism & Recreation
- Consumer Protection & Commerce
- Hawaiian Affairs
- Labor & Employment
- Transportation
- Culture, Arts, Historic Preservation
- Health
- Planning, Land & Water Use Management
- Other (indicate below): \_\_\_\_\_
- Ecology, Energy Environmental Protection
- Housing
- Public Safety & Corrections

**AUTHORIZED PERSON**

MITCHELL A. IMANAKA	Managing Principal	7/26/2016
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.