



FORM
LOB
 (Rev. 3/2015)

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

STATE OF HAWAII
 ETHICS COMMISSION

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

Ito Last Name Mihoko First Name E. M.I.

Slovin & Ito, LLP
 Lobbyist Firm/Employer
 999 Bishop Street, Suite 1400

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

Honolulu City HI State 96813 Zip Code
 539-0400 Telephone Extension
 mito@awlaw.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	Reception, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. American Beverage Assoc.	0	0	0	0	0	0	0	0	0	0	0
2. American Insurance Assoc.	0	0	0	0	0	0	0	0	0	0	0
3. Consumer Data Industry Assn	0	0	0	0	0	0	0	0	0	0	0
4. Corrections Corp of America	0	0	0	0	0	0	0	0	0	0	0
5. Covanta Energy	0	0	0	0	0	0	0	0	0	0	0
6. Cresco Labs	0	0	0	0	0	0	0	0	0	0	0
7. EAN Holdings, LLC	0	0	0	0	0	0	0	0	0	0	0
8. Healthcare Assoc of Hawaii	0	0	0	0	0	0	0	0	0	0	0
9. Hawaii Assoc of Realtors	0	0	0	0	0	0	0	0	0	0	0
10. McDonalds Corporation	0	0	0	0	0	0	0	0	0	0	0
11. Microsoft Corporation	0	0	0	0	0	0	0	0	0	0	0
12. MultiState on behalf of											
13. Alliance of Automobile Mfr.	0	0	0	0	0	0	0	0	0	0	0
14. MultiState on behalf of											
15. Consumer Technology Assn	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

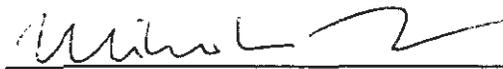
Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|--|--|
| <input 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 checked="" type="checkbox"/> Other (indicate below): |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | <u>Taxation</u> |

AUTHORIZED PERSON

 _____
 Type Name of Authorized Person (First M.I. Last) Title: Partner 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.