FORM
**LOB**
(Rev. 3/2015)

Hawaii State Ethics Commmission Received
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# 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**

| Last Name | First Name | M.I. |
|---|---|---|
| Ogawa | Robert | T |

Lobbyist Firm/Employer: Ogawa & Associates

Mailing Address *(Number and Street or P.O. Box)*: 1188 Bishop Street, Suite 3105

| City | State | Zip Code |
|---|---|---|
| Honolulu | HI | 96813 |

| Telephone | Extension | Email Address |
|---|---|---|
| 521-4265 | | bob.ogawa@att.net |

**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 | TOTAL EXPENDITURES |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | HI Assn of Nurse Anesthetist | | | 0 | | | | | | | 0 |
| 2. | Express Scripts | | | 12000 | | | | | | | 12000 |
| 3. | Merck Sharp & Dohme | | | 16000 | | | | | | | 16000 |
| 4. | United Healthcare Services | | | 5000 | | | | | | | 5000 |
| 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 ► 33000

## 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:*

| | | | |
|---|---|---|---|
| ☐ 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

| Robert T. Ogawa | President | 3/24/2016 |
|---|---|---|
| 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.