



FORM
ORG
(Rev. 5/2013)



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

'13 MAY 28 P4:39

REPORT YEAR: 2013

Amended Statement

For Lobbying Reporting Period: January 1 - last day of February

March 1 - April 30

May 1 - December 31

STATE OF HAWAII
STATE ETHICS COMMISSION

ORGANIZATION INFORMATION

Banner Health
Organization Name
1441 N. 12th Street

David Bixby
Contact Person

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

Phoenix
City
(602) 747-4130
Telephone

Extension

AZ
State
david.bixby@bannerhealth.com
Email Address

85006
Zip Code

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials _____ 1	_____
2 Media Advertising _____ 2	_____
3 Postage _____ 3	_____
4 Compensation Paid to Lobbyists (<i>Attached Additional Sheets As Needed</i>) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name	Compensation Paid
A. <u>BT Consulting, Inc. dba Advocates</u> _____	A. <u>2,000.00</u>
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____
E. _____	E. _____
F. _____	F. _____
G. Total from Additional Attached Sheet(s) _____	G. _____
Add lines A through G _____ Total Compensation Paid ▶ 4	2,000.00
5 Fees Paid to Consultants (other than to Lobbyists) _____ 5	_____
6 Entertainment & Events _____ 6	_____
7 Receptions, Meals, Food & Beverages _____ 7	_____
8 Gifts _____ 8	_____
9 Loans _____ 9	_____
10 Other Disbursements _____ 10	_____
Add lines 1 through 10 _____ Total Expenditures ▶	2,000.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value

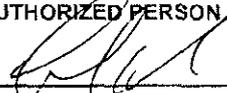
Check here if additional sheets are attached

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 type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input 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 type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): _____ |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

 David M. Bixby Sr. V.P. General Couns. 5/20/2013
 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.