



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

**FORM ORG**

(To be filed by organizations, employing organizations  
and individuals other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

For lobbying reporting period:

[ ] January 1 - last day of February

[ ] March 1 - April 30

[] May 1 - December 31

Year of Report 20 13

Contact person Josie Graham Phone 808-973-3811

Organization AlohaCare

Mailing Address 1357 Kapiolani Blvd ste 1250  
Honolulu, HI 96814

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ \$3,716.72

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & Distribution of Lobbying Materials		7. Entertainment & Events	
2. Media Advertising		8. Food & Beverages	
3. Telephone and other forms of Telecommunications		9. Gifts	
4. Postage		10. Loans	
5. Compensation Paid to Lobbyists	\$3,518.58	11. Other Disbursements	\$198.14
6. Fees (other than to Lobbyists)		<b>TOTAL EXPENDITURES</b>	\$3,716.72

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
BT Consulting Inc, dba Advocates	1000 Bishop Street #102 Hnl, HI	1675.39
Paula Arcena	1357 Kapiolani Blvd Ste 1250 Hnl, HI	2041.33

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- This section is not applicable  
 Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons.

Name & Address	Amount or value

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- This section is not applicable  
 Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- This section is not applicable  
 Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

**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 type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input 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                        | _____   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

1/31/14

(Date)

Name of authorized person (type or print)

Cindy A. Tucker

Title of authorized person

CFO