



FORM  
ORG  
(Rev. 5/2013)

STATE OF HAWAII  
STATE ETHICS COMMISSION



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

REPORT YEAR: 2013  Amended Statement  
For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

**ORGANIZATION INFORMATION**

Castle & Cooke Properties, Inc.  
Organization Name  
680 Iwilei Road  
Box 510  
Mailing Address (Number and Street or P.O. Box)  
Honolulu  
City  
(808) 548-4811  
Telephone Extension Email Address

Harry A. Saunders III  
Contact Person

HI 96817  
State 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>Harry A. Saunders</u> A. _____ 0.00	
B.	<u>Richard K. Mirikitani</u> B. _____ 0.00	
C.	<u>Robert H. Urquhart</u> C. _____ 0.00	
D.	_____ D. _____	
E.	_____ E. _____	
F.	_____ F. _____	
G.	Total from Additional Attached Sheet(s)_____ G. _____	
	Add lines A through G _____ Total Compensation Paid ▶ 4	0.00
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 ▶	0.00

**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 type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation            |
| <input 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 type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input checked="" type="checkbox"/> Other (indicate below):         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | <u>alternative energy</u>   |

**AUTHORIZED PERSON**

Harry A. Saunders III

President

JAN 08 2014

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.