



FORM
ORG
(Rev 5/2013)



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

'13 MAY 31 A10 :42

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

HEALTHCARE ASSOCIATION OF HAWAII
Organization Name

LESLIE T. HO
Contact Person

707 RICHARDS STREET, PH2
Mailing Address (Number and Street or P.O. Box)

HONOLULU

HI
State

96813
Zip Code

City

(808) 521-8961

lho@hah.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials _____	154.93
2	Media Advertising _____	_____
3	Postage _____	_____
4	Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
A.	<u>GEORGE W. GREENE</u>	<u>1,658.15</u>
B.	<u>RACHAEL S. WONG</u>	<u>469.95</u>
C.	<u>SUSAN YOUNG</u>	<u>423.98</u>
D.	<u>PAUL Y. YOUNG</u>	<u>541.47</u>
E.	_____	_____
F.	_____	_____
G.	Total from Additional Attached Sheet(s) _____	_____
	Add lines A through G _____ Total Compensation Paid ▶	3,093.55
5	Fees Paid to Consultants (other than to Lobbyists) _____	5,983.43
6	Entertainment & Events _____	_____
7	Receptions, Meals, Food & Beverages _____	_____
8	Gifts _____	_____
9	Loans _____	_____
10	Other Disbursements _____	_____
	Add lines 1 through 10 _____ Total Expenditures ▶	9,231.91

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

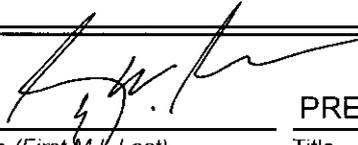
Check here if additional sheets are attached

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 checked="" 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 | _____ |

AUTHORIZED PERSON

GEORGE W. GREENE  PRESIDENT & CEO 5/30/2013
 Print Name of Authorized Person (First M., 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.