



FORM
ORG
(Rev 5/2012)



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT P 4 :31

REPORT YEAR: 2013

Amended Statement

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

March 1 - April 30

STATE OF HAWAII
STATE ETHICS COMMISSION

ORGANIZATION INFORMATION

Pacific Guardian Life Insurance Company, Ltd.

Margolee P. Lee

Organization Name

Contact Person

1440 Kapiolani Boulevard, Suite 1700

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

Honolulu

HI

96814

City

State

Zip Code

(808) 942-1232

mlee@pacificguardian.com

Telephone

Extension

Email Address

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 (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>Law Offices of Oren T. Chikamoto, ALLLC</u>	<u>2,068.06</u>
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____
G.	Total from Additional Attached Sheet(s) _____	_____
	Add lines A through G _____ Total Compensation Paid ▶ 4	2,068.06
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 _____	10 500.00
	Add lines 1 through 10 _____ Total Expenditures ▶	2,568.06

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

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

Name & Address	Amount or Value

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

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

Name & Address	Amount or Value
Friends of Will Espero, 91-944 Waihua Place, Ewa Beach, HI 96706	500.00

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

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

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 checked="" 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 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

Marglee P. Lee
 Signature of Authorized Person
 Marglee P. Lee
 Print Name

8/1/13
 Date
 SVP/CFO/Treasurer
 Title