



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

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

**FORM ORG  
FAX**

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\_\_\_\_\_

Contact person Catherine Jacob Phone 360-790-5729  
 Organization Wine Institute  
 Mailing Address 31 West Road N  
Tacoma, WA 98406

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 5,235.60

**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	5,235.60	11. Other Disbursements	—
6. Fees (other than to Lobbyists)	—	<b>TOTAL EXPENDITURES</b>	<b>5,235.60</b>

**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
<u>Pm&amp;E Hawaii</u>	<u>1 Keahole Place #1102</u> <u>Honolulu, HI 96825</u>	<u>\$ 5,235.60</u>

**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 checked="" 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 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 checked="" 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

Cath E Jacoy  
(Signature of authorized person)

5/29/13  
(Date)

Name of authorized person (type or print) Catherine Jacoy  
Title of authorized person Western Counsel