



FORM
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(Rev. 5/2012)

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

STATE OF HAWAII
STATE ETHICS COMMISSION

REPORT YEAR: 2014 Amended Statement
For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

American Insurance Association
Organization Name
1015 K Street, Suite 200

Steven Suchil
Contact Person

Mailing Address (Number and Street or P.O. Box)
Sacramento, CA 95814

City _____ State _____ Zip Code _____
(916) 442-7617
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.	Gary M. Slovin _____ A. _____ 0.00	
B.	Mihoko E. Ito _____ B. _____ 0.00	
C.	Tiffany N. Yajima _____ 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

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

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 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 checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input 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

Steven Suchil

Print Name

Date

Assistant Vice President

Title