



FORM
ORG
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

'14 APR -1 P1:36

REPORT YEAR: 2014

Amended Statement

STATE OF HAWAII
STATE ETHICS COMMISSION

For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

Castle & Cooke Homes Hawaii, Inc.

Harry A. Saunders III

Organization Name

Contact Person

680 Iwilei Road

Box 510

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

Honolulu

HI

96817

City

State

Zip Code

(808) 548-4811

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.	Harry A. Saunders	0.00
B.	W. Bruce Barrett	0.00
C.	Richard K. Mirikitani	0.00
D.	Troy T. Fukuhara	0.00
E.	Carleton K. L. Ching	144.00
F.	Beverly J. Kaku	0.00
G.	Total from Additional Attached Sheet(s)	0.00
	Add lines A through G	Total Compensation Paid ▶ 4 144.00
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 ▶ 144.00

Castle & Cooke Homes Hawaii, Inc.

4. Compensation Paid to Lobbyists (*Additional Sheet*)

List the names of all lobbyists and compensation paid to lobbyists during the statement period

Lobbyist Name	Compensation Paid
<u>Laura M. Kodama</u>	<u>0.00</u>
<u>Garret Matsunami</u>	<u>0.00</u>

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

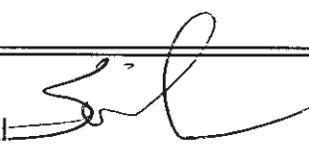
Check here if additional sheets are attached

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 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 checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | Construction _____ |
| | | | Affordable Housing _____ |

AUTHORIZED PERSON

Harry A. Saunders III  President 3/21/2014
 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.