



FORM
ORG
(Rev. 5/2013)

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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

Hawaii Psychiatric Medical Association
Organization Name
P.O. Box 25697

Jeffrey Akaka, MD
Contact Person

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

Honolulu

HI

96825

City

State

Zip Code

(800) 572-3015

office@hawaiipsychiatry.org

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.	BT Consulting, Inc. dba Advocates_____	A. _____ 0.00
B.	_____	B. _____
C.	_____	C. _____
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

