



**FORM
ORG**
(Rev. 5/2013)

Hawaii State Ethics Commission Received

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

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

Servco Pacific Inc.
Organization Name
2850 Pukoloa Street, Suite 300

Carol Lam
Contact Person

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

Honolulu HI 96819
City State Zip Code
(808) 564-1344
Telephone Extension Email Address

PART I. TOTAL EXPENDITURES

| | | Total Amount |
|----|---|--------------|
| 1 | Preparation & Distribution of Lobbying Materials..... | 0 |
| 2 | Media Advertising..... | 0 |
| 3 | Postage..... | 0 |
| 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. | Karen Piltz A. 0 | |
| 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 |

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 checked="" type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input checked="" 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 checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): _____ |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

Carol K. Lam Senior Vice President 05/29/2014
 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.