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FORM
ORG
(Rev 5/2012)

STATE OF HAWAII
STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2015 Amended Statement
For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

Hawaii Medical Service Association
Organization Name
P.O. Box 860
Mike Gold
Contact Person

Mailing Address (Number and Street or P.O. Box)
Honolulu HI 96808
City State Zip Code
948-5498 Mike_Gold@hmsa.com
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 (<i>Attached Additional Sheets As Needed</i>) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name Compensation Paid	
A. Jennifer Diesman P.O. Box 860 Honolulu, HI 96808	A. 19,800.00
B. Mark Oto, P.O. Box 860 Honolulu, HI 96808	B. 9,900.00
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 29,700.00
5 Fees Paid to Consultants (other than to Lobbyists).....	5
6 Entertainment & Events.....	6
7 Receptions, Meals, Food & Beverages.....	7 213.43
8 Gifts.....	8
9 Loans.....	9
10 Other Disbursements.....	10
Add lines 1 through 10..... Total Expenditures ▶	29,913.43

REC'D BY email

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 checked="" 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 checked="" 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

Michael A. Gold _____
Signature of Authorized Person Date

Mike Gold _____
Print Name Title