



FORM  
ORG  
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**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 ▶ 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

**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*

*3/12/15*

Signature of Authorized Person

Date

Mike Gold

CEO - HMSA

Print Name

Title