



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 1,438.73
8	Gifts	8
9	Loans	9
10	Other Disbursements	10
	Add lines 1 through 10	Total Expenditures ▶ 31,138.73

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 5/20/15  
Signature of Authorized Person Date

Mike Gold CEO - HMSA  
Print Name Title