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FORM
ORG
(Rev. 3/2015)

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

Maui Memorial Medical Center
Organization Name
221 Mahalani Street

Gerald Matsui
Contact Person

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

Wailuku

HI

96793

City

State

Zip Code

(808) 442-5105

gmatsui@hhsc.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials	1 _____
2	Media Advertising.....	2 _____
3	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.	<u>Imanaka Asato LLLC</u>	A. <u>20,000.00</u>
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 ▶	3 <u>20,000.00</u>
4	Fees Paid to Consultants or Services	4 _____
5	Entertainment & Events.....	5 _____
6	Receptions, Meals, Food, & Beverages	6 _____
7	Gifts.....	7 _____
8	Loans.....	8 _____
9	Other Disbursements.....	9 _____
	Add lines 1 through 9..... Total Expenditures ▶	<u>20,000.00</u>

REC'D BY email

