



**FORM
LOB**
(Rev. 8/2017)

Hawaii State Ethics Commission Received
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**HAWAII STATE ETHICS COMMISSION
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2018 Amended Statement
 For Lobbying Reporting Period: Jan. 1 - last day of Feb. Mar. 1 - Apr. 30 May 1 - Dec. 31 Special Session
 For Lobbying of: Legislature State Agency Name of State Agency _____

LOBBYIST INFORMATION

Lopez Last Name Kealii First Name S. M.I.
 Alston Hunt Floyd & Ing Lobbyist Firm/Employer
 1001 Bishop Street, Suite 1800
 Mailing Address (Number and Street or P.O. Box)
 Honolulu City HI State 96813 Zip Code
 (808) 524-1800 Telephone Extension klopez@ahfi.com Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Compensation Paid to Lobbyists	Fees Paid to Consultants for Services	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Interstate Transportation	Other Disbursements	EXPENDITURES	TOTAL
1. Coinbase, Inc.	0	0	0	0	0	0	0	0	0	0	0
2. Expedia Inc.	0	0	0	0	0	0	0	0	0	0	0
3. Hawaii Association of Mortgage Brokers	0	0	0	0	0	0	0	0	00	0	0
4. Hana Health	0	0	0	0	0	0	0	0	0	0	0
5. Hawaii Captive Ins. Council	0	0	0	00	0	0	0	0	0	0	0
6. Pike Electric Corporation	0	0	0	0	0	0	0	0	0	0	0
7. Western Plant Health Assn	0	0	0	0	0	0	0	0	0	0	0
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16. Total Expenditures from Additional Attached Sheet(s)											
Add Total Expenditures (lines 1 through 16)											0

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	On Behalf of ORG	Amount or Value

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	On Behalf of ORG	Amount or Value

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name & Address	On Behalf of ORG	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 checked="" 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 checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" 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 type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

Kealii S. Lopez Dir. of Govt Relations 3/27/2018
 Type Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, 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.