



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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HONOLULU
 ETHICS COMMISSION
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2019 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2019)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Chong, Dwight P.			
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Medical Service Association		TELEPHONE 808-952-7599	
MAILING ADDRESS (No. and Street or P.O. Box) 818 Keeaumoku Street		FAX	
		EMAIL Pono_Chong@hmsa.com	
(City) Honolulu	(State) HI	(Zip Code) 96814	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Medical Service Association		TELEPHONE 808-952-7599	
MAILING ADDRESS (No. and Street or P.O. Box) 818 Keeaumoku Street		FAX	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96814	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$0.00	Receptions, Meals, Food & Beverages	Amount \$0.00
Preparation & Distribution of Lobbying Materials	Amount \$0.00	Media Advertising	Amount \$0.00
Entertainment & Events	Amount \$0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
			TOTAL \$0.00

PART-IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0.00
Compensation	Amount \$2,500
Contributions	Amount \$0.00
Membership Fees	Amount \$0.00
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p>1/8/20 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2020</u>.</p> <p>By: <u>Kimberly Jones</u> Notary Public, State of Hawaii Kimberly Jones NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>10/23/2020</u></p> <p>Doc. Date: <u>Nodate</u> # Pages: <u>2</u> Kimberly Jones First Circuit Doc. Description: <u>2019 Annual Report - Lobbyist Annual Report</u></p> <p><u>Kimberly Jones 1/8/2020</u></p>
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