



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES
AND CONTRIBUTIONS REPORT**

(To be filed by organizations, employing organizations
and individuals other than registered lobbyists)

ORG-H0057
FORM ORG

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HAWAII STATE ETHICS COMMISSION
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Honolulu, Hawaii 96813
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STATE OF HAWAII
STATE ETHICS COMMISSION

For lobbying reporting period:

- January 1 - last day of February
 March 1 - April 30
 May 1 - December 31

Year of Report 20_____

Contact person Norman S. Chun Phone 261-0813
Organization Hawaii Dental Association
Mailing Address 444 Ulukoua St.
Kailua HI 96734

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 10,000

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & Distribution of Lobbying Materials		7. Entertainment & Events	
2. Media Advertising		8. Food & Beverages	
3. Telephone and other forms of Telecommunications		9. Gifts	
4. Postage		10. Loans	
5. Compensation Paid to Lobbyists	\$10,000	11. Other Disbursements	
6. Fees (other than to Lobbyists)		TOTAL EXPENDITURES	

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Russell H. Yamashita	469 Ena Road #809 Honolulu HI 96815	\$10,000

04-16-2010
RECEIVED BY U.C. EARL

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

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

- This section is not applicable
 Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

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

- This section is not applicable
 Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

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

- This section is not applicable
 Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

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 checked="" 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 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

Signature Block

(Signature of authorized person)

4-15-2010

(Date)

Name of authorized person (type or print)

Norman S. Chun, DMD

Title of authorized person

Legislative Co-Chair Hawaii Dental Association