

**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-H0173  
FORM ORG

HAWAII STATE ETHICS COMMISSION  
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THIS SPACE FOR OFFICE USE ONLY  
10 APR -5 AM 11:30

STATE OF HAWAII  
STATE ETHICS COMMISSION

For lobbying reporting period:	Contact person	<u>John R. Wagner</u>	Phone	<u>808-835-3700</u>
<input checked="" type="checkbox"/> January 1 - last day of February	Organization	<u>Hawaiian Airlines, Inc.</u>		
<input type="checkbox"/> March 1 - April 30	Mailing Address	<u>3375 Koapaka Street, Suite G-350</u>		
<input type="checkbox"/> May 1 - December 31		<u>Honolulu, HI 96819</u>		
Year of Report 20 <u>10</u>				

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$13,375.65

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	\$7,192.00
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$6,183.65	11. Other disbursements	
6. Fees (other than to lobbyists)		<b>TOTAL EXPENDITURES</b>	<b>\$13,375.65</b>

**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
B.T. Consulting	1000 Bishop St., #902, Hon, HI 96813	\$1,151.75
Hawaii Public Policy Advocates	841 Bishop St., #2100, Hon, HI 96813	\$4,397.90
Hawaiian Airlines, Inc.	3375 Koapaka St., Ste G-350, Hon, HI 96819	\$ 634.00

**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:

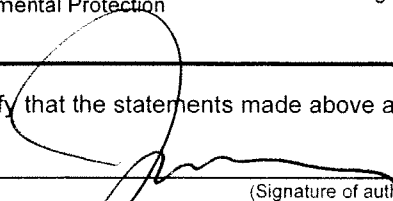
Name & Address	Amount or value

**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 type="checkbox"/> Education                      | <input 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 checked="" type="checkbox"/> Tourism & Recreation            |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input checked="" type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input 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 of authorized person)

3/31/10  
 \_\_\_\_\_  
 (Date)

Name of authorized person (type or print) John R. Wagner  
 Title of authorized person Vice President - Corp Comm