



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII STATE ETHICS COMMISSION
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last)	(First)	(Middle)
Lincoln	Faye	
MAILING ADDRESS (Street)		TELEPHONE
206 North 2100 West		(801) 325-0153 (801) 51-8-6565 (cell)
		FAX
		(801) 596-9001
		EMAIL
		f.lincoln@avalonhci.com
(City)	(State)	(Zip Code)
Salt Lake City	Utah	84116
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
Avalon Health Care, Inc.		(801) 596-8844
MAILING ADDRESS (Street)		FAX
206 North 2100 West		(801) 596-9001
		EMAIL
		www.avalonhci.com
(City)	(State)	(Zip Code)
Salt Lake City	Utah	84116

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Avalon Health Care, Inc.		(801) 596-8844
MAILING ADDRESS (Street)		FAX
206 North 2100 West		(801) 596-9001
		EMAIL
		www.Avalonhci.com
(City)	(State)	(Zip Code)
Salt Lake City	Utah	84116
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Thomas e. paget		(801) 325-0179
MAILING ADDRESS (Street)		FAX
206 North 2100 West		(801) 596-9001
		EMAIL
		tpaget@Avalonhci.com
(City)	(State)	(Zip Code)
Salt Lake City	Utah	84116

FEDEX

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input 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 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	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u> <i>John Wilson</i> </u>	<u> 1/21/2013 </u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u> Thomas e. paget </u>		<u> Sr. Vice-President / CFO </u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u> Avalon Health Care, Inc. </u>		<u> (801) 325-0179 </u>	
MAILING ADDRESS (Street)		FAX	
<u> 206 North 200 West </u>		<u> (801) 596-9001 </u>	
EMAIL			
<u> tpaget@Avalonhci.com </u>			
(City)	(State)	(Zip Code)	
<u> SALT Lake City </u>	<u> Utah </u>	<u> 84116 </u>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u> <i>Thomas E. Paget</i> </u>		<u> 1/22/13 </u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	