



HAWAII STATE ETHICS COMMISSION

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TEL: (808) 587-0460 FAX: (808) 587-0470
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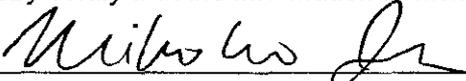
LOBBYIST REGISTRATION FORM HAWAII STATE ETHICS COMMISSION
(Type or Print Clearly)

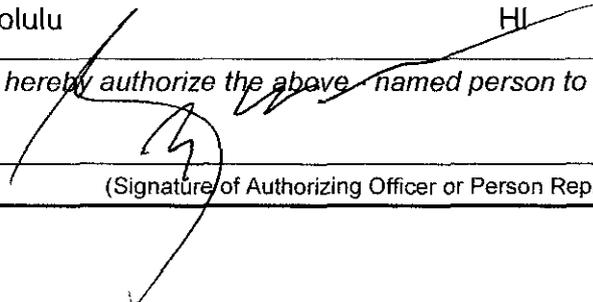
PART I LOBBYIST			
NAME (Last) Ito	(First) Mihoko	(Middle) E.	TELEPHONE 539-0840
MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1400			FAX 533-4945
			EMAIL mito@awlaw.com
(City) Honolulu	(State) HI	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Slovin & Ito, LLP			TELEPHONE 539-0400
MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1400			FAX 533-4945
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Healthcare Association of Hawaii		TELEPHONE 521-8961
MAILING ADDRESS (Street) 707 Richards Street, PH2		FAX 599-2879
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Leslie Ho		TELEPHONE 521-8961
MAILING ADDRESS (Street) 707 Richards Street, PH2		FAX 599-2879
		EMAIL LHo@hah.org
(City) Honolulu	(State) HI	(Zip Code) 96813

REC'D BY HAND DELIVERY

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 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	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1-18-2013
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
George Greene	Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Healthcare Association of Hawaii	521-8961	
MAILING ADDRESS (Street)	FAX 599-2879	
707 Richards Street, PH2	EMAIL	
	ggreene@hah.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1/11/13	
(Signature of Authorizing Officer or Person Represented)	(Date)	