



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
 STATE ETHICS COMMISSION

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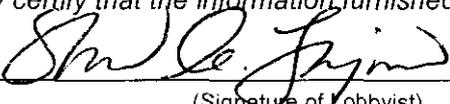
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Fujimura	(First) Susan	(Middle) A.	TELEPHONE (808) 524-1800
MAILING ADDRESS (Street) 1001 Bishop Street, Suite 1800			FAX (808) 524-4591
			EMAIL sfujimura@ahfi.com
(City) Honolulu,	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Alston Hunt Floyd & Ing			TELEPHONE (808) 524-1800
MAILING ADDRESS (Street) 1001 Bishop Street, Suite 1800			FAX (808) 524-4591
			EMAIL
(City) Honolulu,	(State) Hawaii	(Zip Code) 96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ohana Health Plan			TELEPHONE (808) 675-7334
MAILING ADDRESS (Street) 94-450 Mokuola Street, Suite 106			FAX
			EMAIL
(City) Waipahu,	(State) Hawaii	(Zip Code) 96797	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Wendy Morriarty			TELEPHONE (808) 675-7334
MAILING ADDRESS (Street) 94-450 Mokuola Street, Suite 106			FAX
			EMAIL jgamel@arda.org
(City) Waipahu,	(State) Hawaii	(Zip Code) 96797	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 _____ (Signature of Lobbyist)	<u>2/1/2013</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Wendy Morriarty	State President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Ohana Health Plan	(808) 675-7334	
MAILING ADDRESS (Street)	FAX	
94-450 Mokuola Street, Suite 106		
(City)	(State)	(Zip Code)
Waipahu,	Hawaii	96797
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)		<u>1/28/13</u> _____ (Date)