



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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

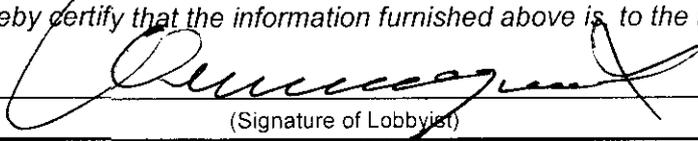
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Ohana Health Plan			(808) 675-7334
MAILING ADDRESS (Street)			FAX
94-450 Mokuola Street, Suite 106			EMAIL
(City)	(State)	(Zip Code)	
Waipahu,	Hawaii	96797	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wendy Morriarty			(808) 675-7334
MAILING ADDRESS (Street)			FAX
94-450 Mokuola Street, Suite 106			EMAIL jgame1@arda.org
(City)	(State)	(Zip Code)	
Waipahu,	Hawaii	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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/31/13

(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		EMAIL	
		jgamel@arda.org	
(City)	(State)	(Zip Code)	
Waipahu,	Hawaii	96797	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/28/13

(Date)