



HAWAII STATE ETHICS COMMISSION

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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) Eads	(First) Chrystn	(Middle) KA	TELEPHONE (808) 524-1800
MAILING ADDRESS (Street) 1001 Bishop Street, Suite 1800		(City) Honolulu,	FAX (808) 524-4591 EMAIL sfujimura@ahfi.com
		(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,	(Zip Code) 96813
		(State) Hawaii	

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 jgame1@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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Wendy Morriarty

Jan 31, 2013

(Signature of Lobbyist)

(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.

Wendy Morriarty

1/28/13

(Signature of Authorizing Officer or Person Represented)

(Date)