



**HAWAII STATE ETHICS COMMISSION**

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or P.O. BOX 616, HONOLULU, HAWAII 96809  
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NOTE: This is a public document.

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

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Velasco	Nicole	A.	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
			<a href="mailto:nvelasco@awlaw.com">nvelasco@awlaw.com</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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

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>	
<u>Neil A. Masao</u> (Signature of Lobbyist)	<u>03-06-13</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME George Greene	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Executive Officer	
NAME OF ORGANIZATION (if applicable) Healthcare Association of Hawaii	TELEPHONE 521-8961	
MAILING ADDRESS (Street) 707 Richards Street, PH2	FAX 599-2879	
	EMAIL ggreene@hah.org	
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>3/4/13</u> (Date)