

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

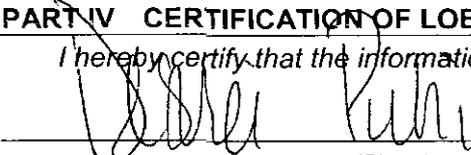
LOBBYIST REGISTRATION FORMSTATE OF HAWAII
STATE ETHICS COMMISSION

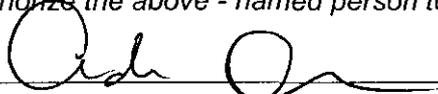
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Puhi	(First) Desiree	(Middle)	TELEPHONE 808-660-2600
MAILING ADDRESS (Street) PO Box 2040			FAX 808-553-3780
			EMAIL dpuhi@molokaichc.org
(City) Kaunakakai	(State) HI	(Zip Code) 96748	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Molokai Ohana Health Care Inc. dba Molokai Community Health Center			TELEPHONE 808-660-2600
MAILING ADDRESS (Street) PO Box 2040			FAX
			EMAIL
(City) Kaunakakai	(State) HI	(Zip Code) 96748	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Molokai Ohana Health Care Inc. dba Molokai Community Health Center			TELEPHONE 808-553-5038
MAILING ADDRESS (Street) PO Box 2040			FAX 808-553-3780
			EMAIL
(City) Kaunakakai	(State) HI	(Zip Code) 96748	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Andrea Trenner			TELEPHONE 808-660-2601
MAILING ADDRESS (Street) PO Box 2040			FAX 808-553-3780
			EMAIL atrenner@molokaichc.org
(City) Kaunakakai	(State) HI	(Zip Code) 96748	

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>	
	3.27.13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Andrea Trenner	Chief Financial Officer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Molokai Ohana Health Center Inc. dba Molokai Community Health Center	808-660-2601	
MAILING ADDRESS (Street)	FAX	
PO Box 2040	808-553-3780	
	EMAIL	
	atrenner@molokaichc.org	
(City)	(State)	(Zip Code)
Kaunakakai	HI	96748
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	3/27/13	
(Signature of Authorizing Officer or Person Represented)	(Date)	