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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STATE OF HAWAII
ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last): Okudara	(First): Jon	(Middle): T.	TELEPHONE: 488-3533
MAILING ADDRESS (Street): 99-1362 Palaialii Pl.			FAX:
			EMAIL:
(City): Aiea	(State): HI		(Zip Code): 96701
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby): Okudara & Associates, Inc.			TELEPHONE: 534-1244
MAILING ADDRESS (Street): 333 Queen St, #902			FAX: 534-1247
			EMAIL: okudara@hawaii.rr.com
(City): Honolulu	(State): HI		(Zip Code): 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate): Maui Memorial Medical Center			TELEPHONE: (808) 442-5101
MAILING ADDRESS (Street): 221 Mahalani Street			FAX: (808) 442-5112
			EMAIL:
(City): Wailuku	(State): HI	96793	(Zip Code):
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT: Kirsten Devine			TELEPHONE: (808) 243-3095
MAILING ADDRESS (Street): 221 Mahalani Street			FAX: (808) 442-5112
			EMAIL: kdevine@hhsc.org
(City): Wailuku, HI 96793	(State):		(Zip Code):

REC'D BY HAND DELIVERY

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☒ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☒ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☒ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Wesley Lo	Regional Chief Executive Officer

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Maui Memorial Medical Center	(808) 442-5100
MAILING ADDRESS (Street)	FAX (808) 442-5112
221 Mahalani Street Wailuku, HI 96793	EMAIL wlo@hhsc.org
(City) (State)	(Zip Code)

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

(Signature of Authorizing Officer or Person Represented) 3/4/13 (Date)