EMAIL

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

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

STATE OF HAWAII
STATE ETHICS COMMISSION

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle): WAIALEALE GEORGE M.	TELEPHONE: 809-382-0436
MAILING ADDRESS (Street): 91-2135 Ft. Weaver Road #170	FAX: 671-2931
	EMAIL: drscottyhawaii@gmail.c
(City): Ewa Beach (State): Hawaii	(Zip Code): 96706
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby): Work Injury Medical Association of Hawaii	TELEPHONE: 676-5331
MAILING ADDRESS (Street): 91-2135 Ft. Weaver Road #170	FAX: 671-2931
	EMAIL: drscottyhawaii@gmail.c
(City): Ewa Beach (State): Hawaii	(Zip Code): 96706

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate): Work Injury Medical Association of Hawaii	TELEPHONE: 676-5331
MAILING ADDRESS (Street): 91-2135 Ft Weaver Road #170	FAX: 671-2931
	EMAIL: drscottyhawaii@gmail.co
(City): Ewa Beach (State): Hawaii	(Zip Code): 96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT: Scott McCaffrey	TELEPHONE: 676-5331
MAILING ADDRESS (Street): 91-2135 Ft. Weaver Road #170	FAX: 671-2931
	EMAIL: drscottyhawaii@gmail.com
(City): Ewa Beach (State): Hawaii	(Zip Code): 96706

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) 6/17/13

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Scott McCaffrey	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Work Injury Medical Association of Hawaii	676-5331
MAILING ADDRESS (Street)	FAX 671-2931
91-2135 Ft. Weaver Road #170	EMAIL [illegible]

(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706

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

(Signature of Authorizing Officer or Person Represented) — (Date) 6/16/13