



## 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](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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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)   | (First) | (Middle)   | TELEPHONE                              |
| Mark  | Rachel  | M.         | 808-973-1313                           |
| MAILING ADDRESS (Street)  |         |            | FAX 808-973-0204                       |
| 1357 Kapiolani Blvd., Suite 1250  |         |            | EMAIL<br>rmark@alohacare.org           |
| (City)  | (State) | (Zip Code) |  |
| Honolulu  | Hawaii  | 96814      |  |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE                              |
| AlohaCare   |         |            | 808-973-0712                           |
| MAILING ADDRESS (Street)  |         |            | FAX 808-973-0726                       |
| 1357 Kapiolani Blvd., Suite 1250  |         |            | EMAIL<br>customerservice@alohacare.org |
| (City)  | (State) | (Zip Code) |  |
| Honolulu  | Hawaii  | 96814      |  |

| PART II ORGANIZATION   |         |            |  |
|--|---------|------------|--|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                              |
| AlohaCare  |         |            | 808-973-0712                           |
| MAILING ADDRESS (Street)   |         |            | FAX 808-973-0726                       |
| 1357 Kapiolani Blvd., Suite 1250   |         |            | EMAIL<br>customerservice@alohacare.org |
| (City)   | (State) | (Zip Code) |  |
| Honolulu   | Hawaii  | 96814      |  |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE                              |
| John McComas   |         |            | 808-973-1690                           |
| MAILING ADDRESS (Street)   |         |            | FAX 808-973-0726                       |
| 1357 Kapiolani Blvd., Suite 1250   |         |            | EMAIL<br>jmccomas@alohacare.org        |
| (City)   | (State) | (Zip Code) |  |
| Honolulu   | Hawaii  | 96814      |  |

**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 checked="" 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 checked="" 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.



(Signature of Lobbyist)

1/15/14

(Date)

**PART V AUTHORIZATION TO LOBBY**

|              |  |
|--------------|--|
| NAME         | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| John McComas | Chief Executive Officer                            |

NAME OF ORGANIZATION (if applicable)

AlohaCare

TELEPHONE

808-973-1690

MAILING ADDRESS (Street)

1357 Kapiolani Blvd., Suite 1250

FAX 808-973-0726

EMAIL

jmccomas@alohacare.org

(City)

Honolulu

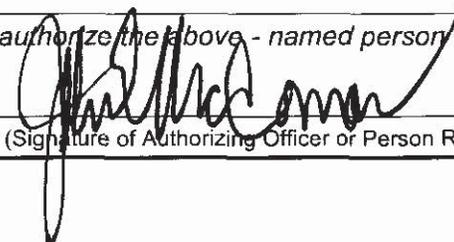
(State)

Hawaii

(Zip Code)

96814

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



(Signature of Authorizing Officer or Person Represented)

1/15/14

(Date)