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
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Waialeale	George	M.	808-383-0436
MAILING ADDRESS (Street)			FAX
91-2135 Fort Weaver Road #170			EMAIL WIMAHEXDIR@AOL.CO
(City)	(State)		(Zip Code)
Ewa Beach	Hawaii		96706
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Work Injury Medical Association of Hawaii			808.383.0436
MAILING ADDRESS (Street)			FAX
91-2135 Fort Weaver Road #170			EMAIL
(City)	(State)		(Zip Code)
Ewa Beach	Hawaii		96706

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Work Injury Medical Association of Hawaii			808.383.0436
MAILING ADDRESS (Street)			FAX
91-2135 Fort Weaver Road #170			EMAIL WIMAHEXDIR@AOL.COM
(City)	(State)		(Zip Code)
Ewa Beach	Hawaii		96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE (808)
Rudy Puana			934-5675
MAILING ADDRESS (Street)			FAX (808) 147-8954
32 Ululani Street			EMAIL
(City)	(State)		(Zip Code)
Hilo	Hawaii		96720

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) 2/17/14 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Scott Miscovich	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Work Injury Medical Association of Hawaii	808-383-0436
MAILING ADDRESS (Street)	FAX
91-2135 Fort Weaver Rd. #170	EMAIL WIMAHEXDIR@aol.com

(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) 2/17/14 (Date)