



HAWAII STATE ETHICS COMMISSION
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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
Espinda	Malia	Puanani Manol	808-691-7997
MAILING ADDRESS (Street)			FAX 808-691-7990
1301 Punchbowl Street			EMAIL mespinda@queens.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Queens Health Systems			808-691-4688
MAILING ADDRESS (Street)			FAX 808-691-7801
1301 Punchbowl Street			EMAIL aushijima@queens.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
The Queens Health Systems			808-691-4688
MAILING ADDRESS (Street)			FAX 808-691-7801
1301 Punchbowl Street			EMAIL aushijima@queens.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Robert Nobriga			808-691-5957
MAILING ADDRESS (Street)			FAX 808-691-7815
1301 Punchbowl Street			EMAIL rnobriga@queens.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

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 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 checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" 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>	
<u>Malia Espino</u> (Signature of Lobbyist)	<u>4/11/14</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Arthur Ushijima	President and CEO	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
The Queens Health Systems	808-691-4688	
MAILING ADDRESS (Street)	FAX 808-691-7801	
1301 Punchbowl Street	EMAIL aushijima@queens.org	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>Arthur Ushijima</u> (Signature of Authorizing Officer or Person Represented)	<u>4/10/14</u> (Date)	