



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

THIS SPACE FOR OFFICE USE ONLY
 '14 APR 24 A 7:47
 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
Hirokawa	Robert	George	808 791-7830
MAILING ADDRESS (Street)			FAX 808 524-0347
735 Bishop Street, Suite 230			EMAIL rhirokawa@hawaiiipca.net
(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
Hawaii Primary Care Association			808 791-7830
MAILING ADDRESS (Street)			FAX 808 524-0347
735 Bishop Street, Suite 230			EMAIL rhirokawa@hawaiiipca.net
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Primary Care Association			808 536-8442
MAILING ADDRESS (Street)			FAX 808 524-0347
735 Bishop Street, Suite 230			EMAIL rhirokawa@hawaiiipca.net
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Robert Hirokawa			808 791-7830
MAILING ADDRESS (Street)			FAX 808 524-0347
735 Bishop Street, Suite 230			EMAIL rhirokawa@hawaiiipca.net
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

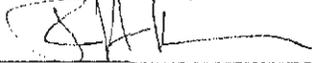
REC'D BY FAX

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" 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 type="checkbox"/> Consumer Protection & Commerce	<input checked="" 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 checked="" type="checkbox"/> Other: (indicate below) <u>SOCIAL DETERMINANTS OF HEALTH</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" 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.



4/23/14

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Robert Hirokawa	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Executive Officer
-------------------------	---

NAME OF ORGANIZATION (if applicable) Hawaii Primary Care Association	TELEPHONE 808 791-7830
---	---------------------------

FAX 808 524-0347
EMAIL rhirokawa@hawaii-pca.net

MAILING ADDRESS (Street) 735 Bishop Street

(City)

(State)

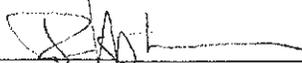
(Zip Code)

Honolulu

Hawaii

96813

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



4/23/14

(Signature of Authorizing Officer or Person Represented)

(Date)