



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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NOTE: This is a public document.

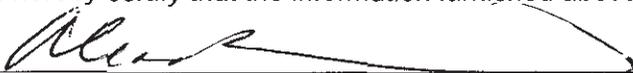
STATE OF HAWAII
LOBBYIST REGISTRATION FORM
ETHICS COMMISSION

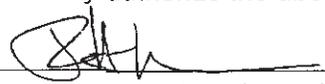
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Medeiros	Alena	Nani'olu	808-791-7833
MAILING ADDRESS (Street)			FAX 808-524-0347
735 Bishop Street, Suite 230			EMAIL nmedeiros@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			808-791-7833
MAILING ADDRESS (Street)			FAX 808-524-0347
735 Bishop Street, Suite 230			EMAIL nmedeiros@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			808-791-7833
MAILING ADDRESS (Street)			FAX 808-524-0347
735 Bishop Street, Suite 230			EMAIL nmedeiros@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	

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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>4/23/2014</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Robert Hirokawa	Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Primary Care Association	808-791-7830	
MAILING ADDRESS (Street)	FAX	
735 Bishop Street, Suite 230	808-524-0347	
	EMAIL	
	rhirokawa@hawaiipca.net	
(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>4/23/14</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	