



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)
Heckathorn	Paige	
MAILING ADDRESS (Street)		TELEPHONE
1301 Punchbowl Street		691-7997
		FAX 691-7990
		EMAIL
		pheckathorn@queens.org
(City)	(State)	(Zip Code)
Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
The Queen's Health Systems		691-4688
MAILING ADDRESS (Street)		FAX 691-7801
1301 Punchbowl Street		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
The Queen's Health Systems		691-4688
MAILING ADDRESS (Street)		FAX 691-7801
1301 Punchbowl Street		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Robert Nobriga		691-5957
MAILING ADDRESS (Street)		FAX 691-7815
1301 Punchbowl Street		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96813

REC'D BY FAX

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"/> Hawaian 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Paige Hecta (Signature of Lobbyist) 12/18/14 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Paula Yoshioka		Senior Vice President, Corporate Development	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
The Queen's Health Systems		691-7996	
MAILING ADDRESS (Street)		FAX 691-7990	
1301 Punchbowl Street		EMAIL pyoshioka@queens.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
<u><i>Paula Yoshioka</i></u> (Signature of Authorizing Officer or Person Represented)		<u>12/18/14</u> (Date)	