

**HAWAII STATE ETHICS COMMISSION**

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 or P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: (808) 587-0460 FAX: (808) 587-0470  
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 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

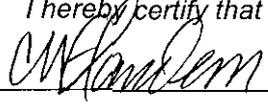
## LOBBYIST REGISTRATION FORM

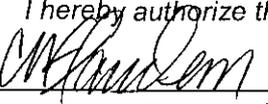
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) Flanders	(First) Christopher	(Middle) D	TELEPHONE 808-536-7702
MAILING ADDRESS (Street) 1360 S. Beretania St. Suite 200			FAX 808-528-2376
(City) Honolulu			(State) HI
(Zip Code) 96814			EMAIL <a href="mailto:cflanders@hma-assn.org">cflanders@hma-assn.org</a>
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			EMAIL
(State)			(Zip Code)

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Medical Association			TELEPHONE 808-536-7702
MAILING ADDRESS (Street) 1360 S. Beretania St. Suite 200			FAX 808-528-2376
(City) Honolulu			(State) HI
(Zip Code) 96814			EMAIL <a href="mailto:cflanders@hma-assn.org">cflanders@hma-assn.org</a>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Christopher D. Flanders, D.O.			TELEPHONE 808-536-7702
MAILING ADDRESS (Street) 1360 S. Beretania St. Suite 200			FAX 808-528-2376
(City) Honolulu			EMAIL <a href="mailto:cflanders@hma-assn.org">cflanders@hma-assn.org</a>
(State) HI			(Zip Code) 96814

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 checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" 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 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 type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input checked="" 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>1/3/13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Christopher D. Flanders, D.O.	Executive Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Medical Association	808-536-7702	
MAILING ADDRESS (Street)	FAX	
1360 S. Beretania St. Suite 200	808-528-2376	
	EMAIL	
	cflanders@hma-assn.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96814
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>1/3/13</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	