



HAWAII STATE ETHICS COMMISSION
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 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

15 MAY 12 P1:59

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 |
| Nakamura | Cynthia | S. | 808-927-3265 |
| MAILING ADDRESS (Street) | | | FAX |
| PO Box 4115 | | | EMAIL |
| | | | csn@hawaii.rr.com |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96812 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| | | | |
| MAILING ADDRESS (Street) | | | FAX |
| | | | EMAIL |
| (City) | (State) | (Zip Code) | |
| | | | |

| | | | |
|--|---------|------------|-----------|
| PART II ORGANIZATION | | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
| Hawaii Pacific Health | | | 535-7100 |
| MAILING ADDRESS (Street) | | | FAX |
| 55 Merchant St., 26th Floor | | | EMAIL |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| Michael Robinson | | | 535-7100 |
| MAILING ADDRESS (Street) | | | FAX |
| 55 Merchant St., 26th Floor | | | EMAIL |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |

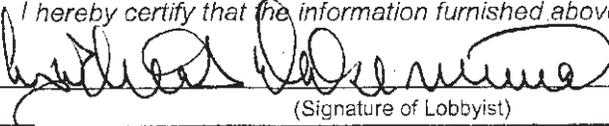
REC'D BY email

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

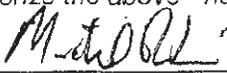
| | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" 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 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.

 5-11-2015
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

| | | | |
|---|---------|--|--|
| NAME | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | |
| Michael Robinson | | Exec. Director | |
| NAME OF ORGANIZATION (if applicable) | | TELEPHONE | |
| Hawaii Pacific Health | | 535-7100 | |
| MAILING ADDRESS (Street) | | FAX | |
| 55 Merchant St., 26th Floor | | EMAIL | |
| (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></u> | | <u>5/11/15</u> | |
| (Signature of Authorizing Officer or Person Represented) | | (Date) | |