



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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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)	TELEPHONE
HECKATHORN	PAIGE	Aiko Margaret	(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL pheckathorn@hah.org
(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
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL pheckathorn@hah.org
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	

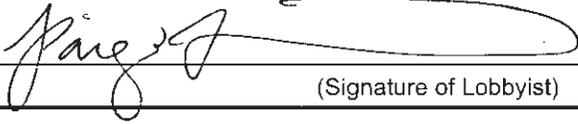
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
SHARIE HIGASHIONNA-IBARRA			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL sibarra@hah.org
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	

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 type="checkbox"/> Hawaiian Affairs | <input 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.



(Signature of Lobbyist)

10/6/15

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

NAME OF ORGANIZATION (if applicable)

TELEPHONE

MAILING ADDRESS (Street)

FAX

EMAIL

(City)

(State)

(Zip Code)

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

(Signature of Authorizing Officer or Person Represented)

(Date)