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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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
Arcena	Paula	A.Y.	808-973-6426
MAILING ADDRESS (Street)			FAX
1357 Kapiolani Blvd., Suite 1250			EMAIL parcena@alohacare.org
(City)	(State)		(Zip Code)
Honolulu	HI		96814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
n/a			n/a
MAILING ADDRESS (Street)			FAX n/a
n/a			EMAIL n/a
(City)	(State)		(Zip Code)
n/a	n/a		n/a

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
AlohaCare		808-973-6426
MAILING ADDRESS (Street)		FAX 808-973-0726
1357 Kapiolani Blvd., Suite 1250		EMAIL customerservice@alohacare.org
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John E. McComas		808-973-1690
MAILING ADDRESS (Street)		FAX 808-973-0726
1357 Kapiolani Blvd., Suite 1250		EMAIL jmccomas@alohacare.org
(City)	(State)	(Zip Code)
Honolulu	HI	96814

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☒ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☒ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☒ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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) 12/11/15 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
John E. McComas	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
AlohaCare	808-973-1690
MAILING ADDRESS (Street)	FAX 808-973-0726
1357 Kapiolani Blvd., Suite 1250	EMAIL jmccomas@alohacare org

(City)	(State)	(Zip Code)
Honolulu	HI	96814

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

(Signature of Authorizing Officer or Person Represented) 12/11/15 (Date)