



HAWAII STATE ETHICS COMMISSION
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NOTE: This is a public document.

STATE OF HAWAII
 STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) FLANDERS	(First) CHRISTOPHER	(Middle) D	TELEPHONE (808) 536-7702 X 110
MAILING ADDRESS (Street) 1360 S BERETANIA ST., STE 200			FAX (808) 528-2376
			EMAIL CFLANDERS@HMA-ASSN.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96814	
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) HAWAII MEDICAL ASSOCIATION			TELEPHONE (808) 536-7702
MAILING ADDRESS (Street) 1360 S BERETANIA ST., STE 200			FAX (808) 528-2376
			EMAIL JNICHOLS@HMA-ASSN.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT JESSICA NICHOLS			TELEPHONE (808) 536-7702
MAILING ADDRESS (Street) 1360 S BERETANIA ST., STE 200			FAX (808) 528-2376
			EMAIL JNICHOLS@HMA-ASSN.ORG
(City) HONOLULU	(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 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 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.

Christopher D. Flanders

1/30/16

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

CHRISTOPHER D. FLANDERS

EXECUTIVE DIRECTOR

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HAWAII MEDICAL ASSOCIATION

(808) 536-7702

MAILING ADDRESS (Street)

1360 S. BERETANIA ST. STE. 200

FAX (808) 536-2792

HONOLULU, HI 96815

EMAIL cflanders@hwa-4381.015

(City)

(State)

(Zip Code)

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

Christopher D. Flanders

1/30/16

(Signature of Authorizing Officer or Person Represented)

(Date)