



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Murakami	Justin		808-535-7158
MAILING ADDRESS (Street)			FAX
55 Merchant Street 22nd Floor			808-535-7630
			EMAIL
			<a href="mailto:justin.murakami@kapioian.org">justin.murakami@kapioian.org</a>
(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
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Pacific Health			808-535-7600
MAILING ADDRESS (Street)			FAX
c/o The Sex Abuse Treatment Center, 55 Merchant Street 22nd Floor			808-535-7630
			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Robinson			808-535-7124
MAILING ADDRESS (Street)			FAX
55 Merchant Street 26th Floor			808-535-7111
			EMAIL
			<a href="mailto:michaelr@kapioian.org">michaelr@kapioian.org</a>
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" 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 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 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>	
 _____ (Signature of Lobbyist)	<u>01/23/16</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Bob Ching		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED General Counsel & Executive Vice President
NAME OF ORGANIZATION (if applicable) Hawaii Pacific Health		TELEPHONE 808-527-2602
MAILING ADDRESS (Street) 55 Merchant Street, 27th Floor		FAX 808-535-7412
		EMAIL Bob.Ching@hawaiipacifichealth.org
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)		<u>02/01/16</u> _____ (Date)