



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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16 FEB -4 P3:57

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)
Yamasaki	Ross	
MAILING ADDRESS (Street)		TELEPHONE
222 South Vineyard Street, Suite 401		(808) 531-4551
		FAX (808) 533-4601
		EMAIL
		ryamasaki808@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
Capitol Consultants of Hawaii, LLP.		(808) 531-4551
MAILING ADDRESS (Street)		FAX (808) 533-4601
222 South Vineyard Street, Suite 401		EMAIL
		ryamasaki808@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
UHA Health Insurance		(808) 532-2526
MAILING ADDRESS (Street)		FAX (866) 572-4393
700 Bishop Street, Bishop Tower, 3rd Floor		EMAIL
		hlee@uhahealth.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Melody Butay Dacanay		(808) 531-4551
MAILING ADDRESS (Street)		FAX (808) 533-4601
222 South Vineyard Street, Suite 401		EMAIL
		melody.butay.dacanay@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input 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 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.



2/4/10

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Howard K.F. Lee	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and Chief Executive Officer
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NAME OF ORGANIZATION (if applicable) UHA Health Insurance	TELEPHONE (808) 532-2526
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MAILING ADDRESS (Street) 700 Bishop Street, Bishop Tower, 3rd Floor	FAX (866) 572-4393
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(City) Honolulu	(State) HI	(Zip Code) 96813
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I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



1/27/10

(Signature of Authorizing Officer or Person Represented)

(Date)