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

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

'16 MAR 16 P4:10

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Yoshioka	Paula	e	(808) 489-1116
MAILING ADDRESS (Street)			FAX —
7012 Hawaii Kai Dr. #702			EMAIL hawaiikai200@yahoo.com
(City)	(State)		(Zip Code)
Honolulu	HI		96825
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Queen's Health Systems			(808) 691-7996
MAILING ADDRESS (Street)			FAX 691-7990
1301 Punchbowl St, Harkness Annex #5			EMAIL pyoshioka@queens.org
(City)	(State)		(Zip Code)
Honolulu	HI		96825

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
same as employing organization			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
noelle Kalva			(808) 691-5957
MAILING ADDRESS (Street)			FAX 691-7815
1301 Punchbowl St. Human Resources Services Bldg.			EMAIL nkalva@queens.org
(City)	(State)		(Zip Code)
Honolulu	HI		96825

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] 3/16/2016

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Arthur Ushijima	President + CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
The Queen's Health Systems	(808) 691-4688
MAILING ADDRESS (Street)	FAX
1301 Punchbowl St. Human Resources Bldg, 2nd floor	EMAIL

(City)	(State)	(Zip Code)
Honolulu	HI	96825

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

[signature] MAR 16 2016

(Signature of Authorizing Officer or Person Represented) (Date)