



**HAWAII STATE ETHICS COMMISSION**

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

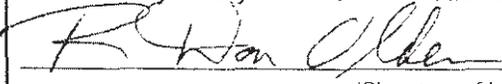
**LOBBYIST REGISTRATION FORM**

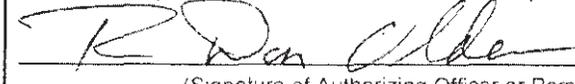
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) Olden	(First) Robert	(Middle) Don	TELEPHONE 808 621 4211
MAILING ADDRESS (Street) 128 Lehua Street		FAX 808 621 4451	
		EMAIL dono@wahawageneral.org	
(City) Wahiawa	(State) Hawaii	(Zip Code) 96786	
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) Wahiawa General Hospital		TELEPHONE 808 621 4211	
MAILING ADDRESS (Street) 128 Lehua Street		FAX 808 621 4451	
		EMAIL dono@wahiwageneral.org	
(City) Honolulu	(State) Hawaii	(Zip Code) 96786	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Robert Don Olden		TELEPHONE 808 621 4211	
MAILING ADDRESS (Street) 128 Lehua Street		FAX 808 621 4451	
		EMAIL dono@wahiwageneral.org	
(City) Wahiawa	(State) Hawaii	(Zip Code) 96786	

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 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 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>	
	<u>3/24/2016</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Robert Don Olden	Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Wahiawa General Hospital	808 621 4211	
MAILING ADDRESS (Street)	FAX	EMAIL
128 Lehua Street	808 621 4451	dono@wahiawageneral.org
(City)	(State)	(Zip Code)
Wahiawa	Hawaii	96786
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>3/24/2016</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	