



**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
Diesman	Jennifer		808-948-5459
MAILING ADDRESS (Street)			FAX
PO Box 860			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96808-0860	
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 Medical Service Association		948-5459
MAILING ADDRESS (Street)		FAX
PO Box 860		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96808-0860
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Michael Gold		948-5498
MAILING ADDRESS (Street)		FAX
PO Box 860		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96808-0860

REC'D BY email

**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.

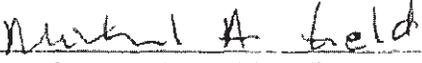


12/4/14

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Michael Gold		President & Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Medical Service Association		948-5498	
MAILING ADDRESS (Street)		FAX	
PO Box 860		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	HI	96808-0860	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		DEC 18 2014	
(Signature of Authorizing Officer or Person Represented)		(Date)	