

**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)

PART I LOBBYIST			
NAME (Last) Oto	(First) Mark	(Middle) 	TELEPHONE 808-952-7455
MAILING ADDRESS (Street) PO Box 860			FAX
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 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)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Medical Service Association		TELEPHONE 952-7455
MAILING ADDRESS (Street) PO Box 860		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96808-0860
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Michael Gold		TELEPHONE 948-5498
MAILING ADDRESS (Street) PO Box 860		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 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.	
<u>Ma Gold</u>	<u>12/3/14</u>
(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.		
<u>Michael A Gold</u>	<u>DEC 18 2014</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	