



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
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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)	(First)	(Middle)	TELEPHONE
HIROKAWA	ROBERT	G.	808 791-7830
MAILING ADDRESS (Street)			FAX
735 BISHOP STREET # 230			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
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)	

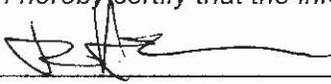
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII PRIMARY CARE ASSOCIATION			808 536-8442
MAILING ADDRESS (Street)			FAX
735 BISHOP STREET, # 230			808 524-0347
			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
ROBERT HIROKAWA			808 791-7830
MAILING ADDRESS (Street)			FAX
735 BISHOP STREET, # 230			808 524-0347
			EMAIL
			rhirokawa@hawaiiipca.net
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other: (indicate below) <u>SOCIAL DETERMINANTS OF HEALTH</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" 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.



1/6/15

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
ROBERT HIROKAWA		CEO	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
HAWAII PRIMARY CARE ASSOCIATION		808 791-7930	
MAILING ADDRESS (Street)		FAX 808 524-0347	
735 BISHOP STREET, #230		EMAIL	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/6/15	
(Signature of Authorizing Officer or Person Represented)		(Date)	