



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)	(First)	(Middle)	TELEPHONE
Medeiros	Alena	Nani'olu	8087917833
MAILING ADDRESS (Street)			FAX 8085240347
735 Bishop Street Suite 230			EMAIL nmedeiros@hawaiiipca.net
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	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			8085368442
MAILING ADDRESS (Street)			FAX 8085240347
735 Bishop Street Suite 230			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Robert Hirokawa			8085368442
MAILING ADDRESS (Street)			FAX 8085240347
735 Bishop Street Suite 230			EMAIL rhirokawa@hawaiiipca.net
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	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 type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" 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) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | Social |
| | | | Determinants |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



01/06/2015

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Robert Hirokawa		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Executive Officer	
NAME OF ORGANIZATION (if applicable) Hawaii Primary Care Association		TELEPHONE 8085368442	
MAILING ADDRESS (Street) 735 Bishop Street Suite 230		FAX 8085240347	
		EMAIL rhirokawa@hawaiipca.net	
(City) Honolulu	(State) Hawaii	(Zip Code) 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)