



HAWAII STATE ETHICS COMMISSION
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 or P.O. BOX 616, HONOLULU, HAWAII 96809
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 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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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) |
| Heckathorn | Paige | |
| TELEPHONE | | 691-7997 |
| MAILING ADDRESS (Street) | | FAX 691-7990 |
| 1301 Punchbowl Street | | EMAIL |
| | | pheckathorn@queens.org |
| (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 |
| The Queen's Health Systems | | 691-7996 |
| MAILING ADDRESS (Street) | | FAX 691-7990 |
| 1301 Punchbowl Street | | EMAIL |
| (City) | (State) | (Zip Code) |
| Honolulu | HI | 96813 |

| | | |
|--|---------|--------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| The Queen's Health Systems | | 691-7996 |
| MAILING ADDRESS (Street) | | FAX 691-7990 |
| 1301 Punchbowl Street | | EMAIL |
| (City) | (State) | (Zip Code) |
| Honolulu | HI | 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Robert Nobriga | | 691-5957 |
| MAILING ADDRESS (Street) | | FAX 691-7815 |
| 1301 Punchbowl Street | | EMAIL |
| (City) | (State) | (Zip Code) |
| Honolulu | HI | 96813 |

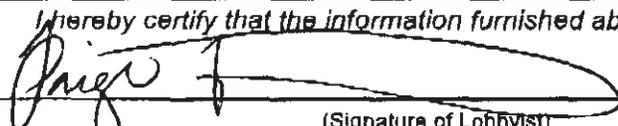
REC'D BY FAX

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 checked="" 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 checked="" 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

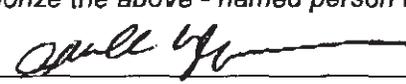
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 _____ 01/06/2015
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

| | | | |
|--|---------------|--|--|
| NAME Paula Yoshioka | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED SVP, Corporate Development | |
| NAME OF ORGANIZATION (If applicable) The Queen's Health Systems | | TELEPHONE 691-7996 | |
| MAILING ADDRESS (Street) 1301 Punchbowl Street | | FAX 691-7990 | |
| | | EMAIL pyoshioka@queens.org | |
| (City) Honolulu | (State) HI | (Zip Code) 96813 | |

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

 _____ 01/06/2015
 (Signature of Authorizing Officer or Person Represented) (Date)