



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: (808) 587-0460 FAX: (808) 587-0470  
 email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

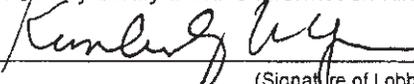
(Type or Print Clearly)

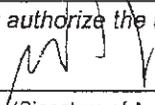
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
YOSHIMOTO,	Kimberley	W.	521-9500
MAILING ADDRESS (Street)			FAX 541-9050
745 Fort Street, Ste. 1700			EMAIL kyoshimoto@imanaka-asato.com
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Imanaka Asato LLLC			521-9500
MAILING ADDRESS (Street)			FAX 541-9050
745 Fort Street, Ste. 1700			EMAIL miosua@imanaka-asato.com
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Maui Memorial Medical Center	442-5663	
MAILING ADDRESS (Street)	FAX	
221 Mahalani Street	EMAIL kkapoi@hhsc.org	
(City)	(State)	(Zip Code)
Wailuku,	Hawaii	96793
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Nick Hughey	442-5276	
MAILING ADDRESS (Street)	FAX	
221 Mahalani Street	EMAIL nhughey@hhsc.org	
(City)	(State)	(Zip Code)
Wailuku	HI	96793

REC'D BY email

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1/30/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Wesley Lo	CEO
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Maui Memorial Medical Center	(808) 442-5100
MAILING ADDRESS (Street)	FAX
221 Mahalani Street	EMAIL
(City)	(Zip Code)
Wailuku,	96793
(State)	
Hawaii	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
	1/30/15
(Signature of Authorizing Officer or Person Represented)	(Date)