



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

THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**  
STATE OF HAWAII  
 ETHICS COMMISSION  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ito	Mihoko	E	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL mito@awlaw.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
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Healthcare Association of Hawaii			521-8961
MAILING ADDRESS (Street)			FAX 599-2879
707 Richards Street, PH2			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sharie Higashionna-Ibarra			521-8961
MAILING ADDRESS (Street)			FAX 599-2879
707 Richards Street, PH2			EMAIL sibarra@hah.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

**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 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.*



1-21-2015

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

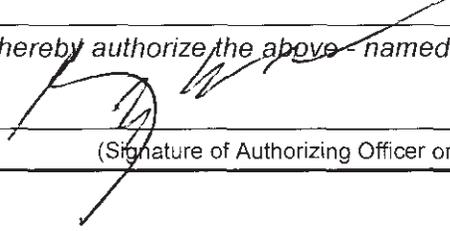
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
George Greene	President and CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Healthcare Association of Hawaii	521-8961

MAILING ADDRESS (Street)	FAX
707 Richards Street, PH2	599-2879
	EMAIL
	ggreene@hah.org

(City)	(State)	(Zip Code)
Honolulu	HI	96813

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



1/19/15

(Signature of Authorizing Officer or Person Represented)

(Date)