



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

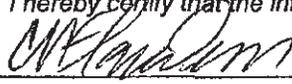
(Type or Print Clearly)

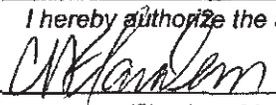
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Flanders	Christopher	D	(808) 536-7702
MAILING ADDRESS (Street)			FAX (808) 528-2376
1360 S. Beretania St. Suite 200			EMAIL cflanders@hma-assn.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Medical Association			(808) 536-7702
MAILING ADDRESS (Street)			FAX (808) 528-2376
1360 S. Beretania St. Suite 200			EMAIL cflanders@hma-assn.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Medical Association			(808) 536-7702
MAILING ADDRESS (Street)			FAX (808) 528-2376
1360 S. Beretania St. Suite 200			EMAIL cflanders@hma-assn.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jessica Nichols			(808) 536-7702
MAILING ADDRESS (Street)			FAX (808) 528-2376
1360 S. Beretania St. Suite 200			EMAIL jnichols@hma-assn.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

REC'D BY email

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 checked="" 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 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 checked="" 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.	
	1/26/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Christopher D. Flanders, D.O.	Executive Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Medical Association	(808) 536-7702	
MAILING ADDRESS (Street)	FAX (808) 528-2376	
1360 S. Beretania St. Suite 200	EMAIL cflanders@hma-assn.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96814
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	1/26/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	