



HAWAII STATE ETHICS COMMISSION
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 STATE OF HAWAII
 STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

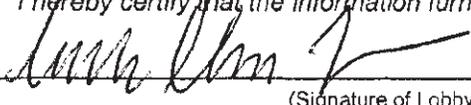
(Type or Print Clearly)

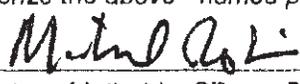
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Takayama	Linda	Chu	545-3060
MAILING ADDRESS (Street)			FAX
PO Box 1196			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Pacific Health			535-7100
MAILING ADDRESS (Street)			FAX 535-7412
55 Merchant St., 27th Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Robinson			535-7100
MAILING ADDRESS (Street)			FAX 535-7412
55 Merchant St., 27th Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

REC'D BY email

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 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 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>	
	1-27-2015
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME Michael Robinson	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director of Philanthropy & Gov't. Affairs
NAME OF ORGANIZATION (if applicable) Hawaii Pacific Health	TELEPHONE 535-7100
MAILING ADDRESS (Street) 55 Merchant St., 27th Floor	FAX 535-7412
(City) Honolulu	EMAIL
(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
	1/26/15
(Signature of Authorizing Officer or Person Represented)	(Date)