

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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 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)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
LIBAO-LAYGO	KATHLEEN		(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL
			<a href="mailto:agarrett@hah.org">agarrett@hah.org</a>
(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
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			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			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 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			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL
			<a href="mailto:sibarra@hah.org">sibarra@hah.org</a>
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

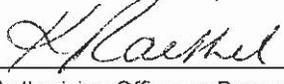
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<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.


1/21/2014  
 \_\_\_\_\_  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
KATHRYN RAETHEL		CHAIR, BOARD OF DIRECTORS	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
HEALTHCARE ASSOCATION OF HAWAII		(808) 521-8961	
MAILING ADDRESS (Street)		FAX (808) 599-2879	
707 RICHARDS STREET, PH2		EMAIL	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/30/15	
_____		_____	
(Signature of Authorizing Officer or Person Represented)		(Date)	