



HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

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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
Robinson	Michael		808-535-7124
MAILING ADDRESS (Street)			FAX 808-535-7111
55 Merchant Street, 26th Floor			EMAIL michaelr@kapiolani.org
(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
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	808-535-7124	
MAILING ADDRESS (Street)	FAX 808-535-7111	
55 Merchant Street, 27th Floor	EMAIL michaelr@kapiolani.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Michael Robinson	808-535-7124	
MAILING ADDRESS (Street)	FAX 808-535-7111	
55 Merchant Street, 26th Floor	EMAIL michaelr@kapiolani.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 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



2/18/15

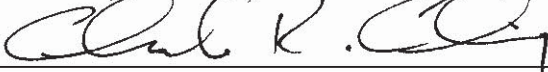
(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Bob Ching		General Counsel & Executive Vice President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Pacific Health		808-527-2602	
MAILING ADDRESS (Street)		FAX 808-535-7412	
55 Merchant Street, 27th Floor		EMAIL	
		Bob.Ching@hawaiipacifichealth.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.



2/18/15

(Signature of Authorizing Officer or Person Represented)

(Date)