



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: (808) 587-0460 FAX: (808) 587-0470  
 email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
 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**

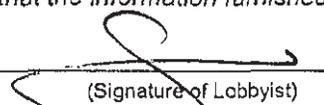
(Type or Print Clearly)

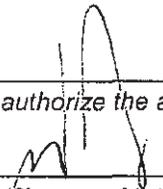
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
IMANAKA	MITCHELL	A.	(808) 521-9500
MAILING ADDRESS (Street)			FAX (808) 541-9050
745 Fort Street, Suite 1700			EMAIL mimanaka@lmanaka-asato.com
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Imanaka Asato LLLC			(808) 521-9500
MAILING ADDRESS (Street)			FAX (808) 541-9050
745 Fort Street, Suite 1700			EMAIL mimanaka@lmanaka-asato.com
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Maui Memorial Medical Center			(808) 442-5663
MAILING ADDRESS (Street)			FAX
221 Mahalani Street			EMAIL kikapoi@hhsc.org
(City)	(State)	(Zip Code)	
Wailuku,	Hawaii	96793	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Nick Hughey			(808) 442-5276
MAILING ADDRESS (Street)			FAX
221 Mahalani Street			EMAIL nhughey@hhsc.org
(City)	(State)	(Zip Code)	
Wailuku,	Hawaii	96793	

REC'D BY email

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input 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 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>	
 (Signature of Lobbyist)	<u>3/24/15</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
WESLEY LO	CEO	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Maul Memorial Medical Center	(808) 442-5100	
MAILING ADDRESS (Street)	FAX	
221 Mahalani Street		
	EMAIL	
	wlo@hhsc.org	
(City)	(State)	(Zip Code)
Wailuku,	Hawaii	96793
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)		<u>3/25/15</u> (Date)