



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

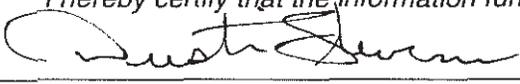
**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
STEVENS	DUSTIN	WILLIAM	740-412-0737
MAILING ADDRESS (Street)			FAX
225 QUEEN ST. #18D			—
			EMAIL
			DSTEVENS@HAWAIIPCA.NET
(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)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII PRIMARY CARE ASSOCIATION			808-791-7838
MAILING ADDRESS (Street)			FAX
735 BISHOP ST., SUITE 230			—
			EMAIL
			DSTEVENS@HAWAIIPCA.NET
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
ROBERT HIROKAWA			808-791-7838 <sup>0</sup>
MAILING ADDRESS (Street)			FAX
735 BISHOP ST., SUITE 230			
			EMAIL
			RHIROKAWA@HAWAIIPCA.NET
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" 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 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 checked="" 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.	
	3/4/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
ROBERT HIROKAWA	CEO
NAME OF ORGANIZATION (if applicable)	TELEPHONE
HAWAII PRIMARY CARE ASSOCIATION	808 791-7830
MAILING ADDRESS (Street)	FAX
735 BISHOP STREET, SUITE 230	808 524-0347
(City)	EMAIL
HOLOLOAHI	rhirokawa@hawaiiPCA.net
HI	(Zip Code)
96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	3/5/15
(Signature of Authorizing Officer or Person Represented)	(Date)