



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
 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY
 15 MAR 20 11:20

STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

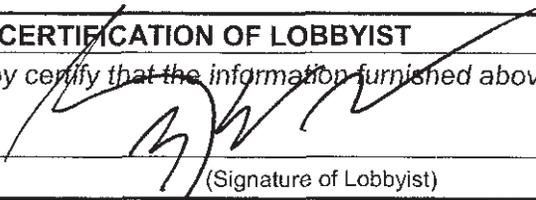
LOBBYIST REGISTRATION FORM

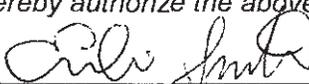
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
GREENE	GEORGE	W	(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL ggreene@hah.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
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 599-2879
707 RICHARDS STREET, PH2			EMAIL ggreene@hah.org
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

PART II ORGANIZATION			
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 ggreene@hah.org
(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 sibarra@hah.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 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.	
	3/4/18
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
EMILIE SMITH	PAST CHAIR	BOARD OF DIRECTORS
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
HEALTHCARE ASSOCIATION OF HAWAII	(808) 521-8961	
MAILING ADDRESS (Street)	FAX	
707 RICHARDS STREET, PH2	(808) 599-2879	
(City)	(State)	EMAIL
HONOLULU	HI	Emilie.Smith@ah.org
	(Zip Code)	
	96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	3/12/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	