



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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
McComas	John	E	808-973-0690
MAILING ADDRESS (Street)			FAX 808-973-2625
1357 Kapiolani Blvd. Ste. 1250			EMAIL jmccomas@alohacare.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
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)	

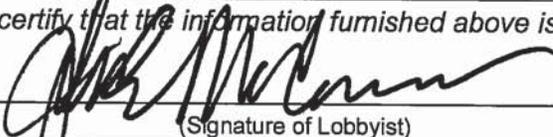
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AlohaCare			808-973-0712
MAILING ADDRESS (Street)			FAX 808-973-0726
1357 Kapiolani Blvd. Ste. 1250			EMAIL customerservice@alohacare.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
John E. McComas			808-973-0690
MAILING ADDRESS (Street)			FAX 808-973-0726
1357 Kapiolani Blvd. Ste. 1250			EMAIL jmccomas@alohacare.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

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	_____

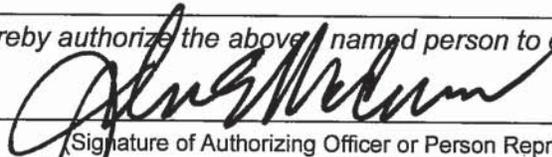
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


2/8/16

 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
John E. McComas		Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
AlohaCare		808-973-0690	
MAILING ADDRESS (Street)		FAX 808-973-2625	
1357 Kapiolani Blvd. Ste. 1250		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.			
		2/8/16	
_____ (Signature of Authorizing Officer or Person Represented)		_____ (Date)	