HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Kalanihuia	Janice	Annette	808-553-3123
MAILING ADDRESS (Street)			FAX
PO Box 408			808-553-3182
(City)	(State)	(Zip Code)	
Kaunakakai	HI	96748	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Molokai General Hospital			808-553-5331
MAILING ADDRESS (Street)			FAX
PO Box 408			808-553-3133
(City)	(State)	(Zip Code)	
Kaunakakai	HI	96748	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Cyrus Siu			808-553-3125
MAILING ADDRESS (Street)			FAX
PO Box 408			808-553-3133
(City)	(State)	(Zip Code)	
Kaunakakai	HI	96748	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☑ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

Signature Block — 8/6/07

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Janice Kalanihuia, President	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Molokai General Hospital	808-553-5123
MAILING ADDRESS (Street)	**FAX**
PO Box 408	808-553-3182

(City)	(State)	(Zip Code)
Kaunakakai	HI	96748

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.

Signature Block — 8/6/07

(Signature of Authorizing Officer or Person Represented) (Date)