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

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Perez	Michael	Helio	808-536-7702
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St. Suite 200			808-528-2376
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Medical Association			808-536-7702
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St. Suite 200			808-528-2376
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Medical Association			808-536-7702
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St. Suite 200			808-528-2376
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Paula Arcena			808-536-7702
MAILING ADDRESS (Street)			FAX
1360 S. Beretania St. Suite 200			808-528-2376
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

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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) Judiciary
☐ 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 — (Signature of Lobbyist)

1/18/07 — (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Paula Arcena	Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Medical Association	808-536-7702
MAILING ADDRESS (Street)	**FAX**
1360 S. Beretania St. Suite 200	808-528-2376

(City)	(State)	(Zip Code)
Honolulu	HI	96814

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

Signature Block — (Signature of Authorizing Officer or Person Represented)

1/25/07 — (Date)