



**HONOLULU ETHICS COMMISSION**  
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 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
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HONOLULU  
 ETHICS COMMISSION  
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1-14-19

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## 2019 REGISTRATION

Lobbyist Registration  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Chong, Dwight P.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Medical Service Association		TELEPHONE 808-948-7599
MAILING ADDRESS (No. and Street or P.O. Box) 818 Keeaumoku St.		FAX 808-948-7580
		EMAIL Pono_Chong@hmsa.com
(City) Honolulu	(State) HI	(Zip Code) 96814

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Medical Service Association		TELEPHONE 808-948-7599
MAILING ADDRESS (No. and Street or P.O. Box) 818 Keeaumoku St.		FAX 808-948-7580
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96814
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <input type="checkbox"/> Not Applicable		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS HMSA is headed by a board-appointed president and CEO. Administrative policy decisions are made by the president and appropriate chiefs and vice presidents. <input type="checkbox"/> Not Applicable		

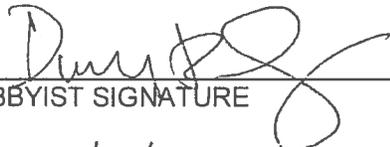
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

### PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

L.S.

### PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>                  _____                  LOBBYIST SIGNATURE</p> <p><u>1/3/19</u>                  _____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>3rd</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Kimberly Jonas</u>                  _____                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS                  Kimberly Jonas</p> <p>My commission expires:  <u>10/23/2020</u>                  See Notary Certification of separate pg</p>
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### PART V AUTHORIZATION TO LOBBY

NAME Michael Stollar		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and CEO	
NAME OF ORGANIZATION (if applicable) Hawaii Medical Service Association		TELEPHONE 808-948-6525	
MAILING ADDRESS (No. and Street or P.O. Box) 818 Keeaumoku St.		FAX 808-948-7580	EMAIL Michael_Stollar@hmsa.com
		(City) Honolulu	(State) HI
		(Zip Code) 96814	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p>                  _____                  (Signature of Authorizing Officer or Person Represented)</p> <p>_____ (Date)</p>			

STATE OF HAWAII )  
 ) SS.  
CITY & COUNTY OF HONOLULU )

Dwight P. Chong, being first duly sworn on oath, deposes and says:

1. That he/~~she~~/they is/~~are~~ the affiant herein;
2. That he/~~she~~/they is/~~are~~ a resident of the City and County of Honolulu, State of Hawaii;
3. That he/~~she~~/they has read the affidavit and knows the contents thereof; and
4. That the said affidavit is true to the best of the affiant's knowledge and belief

Further affiant sayeth not.

  
Affiant signature

This 3 page 2019 Lobbyist Registration,

dated January 3, 2019, was subscribed and sworn

to before me this 3rd day of January, 2019,

Seal

in the First Circuit of the State of Hawaii, by Dwight P. Chong.

Kimberly Jonas  
Kimberly Jonas

1/3/19  
Date

Notary Public, State of Hawaii

My commission expires 10/23/2020