



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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2020 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 Street		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 Street		FAX 808-948-7580
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96814
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<i>to 1-9-2020</i> <input checked="" type="checkbox"/> Not Applicable <i>per confirming email</i>
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<i>to 1-9-2020</i> <input checked="" type="checkbox"/> Not Applicable <i>per confirming email</i>

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

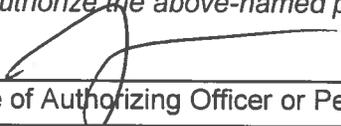
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" 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 checked="" 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):		

PART IV LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p> _____ LOBBYIST SIGNATURE</p> <p><u>1/8/20</u> _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2020</u>.</p> <p>By: <u>Kimberly Jonas</u> <u>Kimberly Jonas</u> _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>10/23/2020</u> LS.</p>
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PART V AUTHORIZATION TO LOBBY

NAME Mark Mugiishi		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Interim President and CEO	
NAME OF ORGANIZATION (if applicable) Hawaii Medical Service Association		TELEPHONE 808-948-5274	
MAILING ADDRESS (No. and Street or P.O. Box) 818 Keeaumoku Street		FAX	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96814	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 _____ (Signature of Authorizing Officer or Person Represented)		<u>1/9/2020</u> _____ (Date)	

Doc. Date: No Date # Pages: 2
Kimberly Jonas First Circuit
 Doc. Description: 2020 Lobbyist Registration
Kimberly Jonas 1/8/2020
 Notary Signature Date