



HAWAII STATE ETHICS COMMISSION
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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

STATE OF HAWAII
 STATE ETHICS COMMISSION

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
LAU	CONSTANCE	H	
MAILING ADDRESS (Street)			FAX
P.O. BOX 730			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HI	96808-0730	
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
AMERICAN SAVINGS BANK, F.S.B.			
MAILING ADDRESS (Street)			FAX
P.O. BOX 2300			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HI	96804-2300	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
A.J. Halagao			543-5889
MAILING ADDRESS (Street)			FAX
P.O. Box 730			EMAIL
			ajhalagao@hei.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96808-0730	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" 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 checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u><i>Christopher H. Fan</i></u>	<u>1-11-13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Chet A. Richardson	Corporate Secretary	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
American Savings Bank, F.S.B.		
MAILING ADDRESS (Street)	FAX	EMAIL
P.O. Box 2300		
(City)	(State)	(Zip Code)
Honolulu	HI	96804-2300
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u><i>Chet A. Richardson</i></u>	<u>1/14/13</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	