



HAWAII STATE ETHICS COMMISSION

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Sakamoto	Stefanie	Y	808-941-0556
MAILING ADDRESS (Street)			FAX
1654 S. King St.			EMAIL
			SSakamoto@hawaiiethics.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	
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
Hawaii Credit Union League			808-941-0556
MAILING ADDRESS (Street)			FAX
1654 S. King St.			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Paula Sumimoto - Matsushima			808-941-0556
MAILING ADDRESS (Street)			FAX
1654 S. King St.			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	

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 type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" 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 checked="" type="checkbox"/> Other: (indicate below) <u>Financial</u> <u>Institutions</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> 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.



12/10/12

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Dennis K. Tanimoto		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Hawaii Credit Union League		TELEPHONE 941-0556	
MAILING ADDRESS (Street) 1654 S. King St.		FAX	
		EMAIL info@hcul.org	
(City) Honolulu	(State) HI	(Zip Code) 96826	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		December 10, 2012	
(Signature of Authorizing Officer or Person Represented)		(Date)	