



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
 STATE ETHICS COMMISSION  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Santiago	Alexander	C.	(808)383-9032
MAILING ADDRESS (Street)			FAX
P.O. Box 327			EMAIL
			<a href="mailto:alexcsanti@gmail.com">alexcsanti@gmail.com</a>
(City)	(State)	(Zip Code)	
Waianae	HI	96792	
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)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Psychological Association			(808)521-8995
MAILING ADDRESS (Street)			FAX (808)521-8994
P.O. Box 833			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Alex Santiago			(808)521-8995
MAILING ADDRESS (Street)			FAX (808)521-8994
P.O. Box 833			EMAIL
			<a href="mailto:hpaexec@gmail.com">hpaexec@gmail.com</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" 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 type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

*Alexander C. Parodiago*  
 \_\_\_\_\_  
 (Signature of Lobbyist)

*1/18/13*  
 \_\_\_\_\_  
 (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Darryl Salvador, Psy.D.		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Psychological Association		(808)521-8995	
MAILING ADDRESS (Street)		FAX (808)521-8994	
P.O. Box 833		EMAIL hpaexec@gmail.com	
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
<i>Darryl Salvador PsyD</i> _____ (Signature of Authorizing Officer or Person Represented)		<i>18 JAN 2013</i> _____ (Date)	