



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

13 JAN 29 P3:47

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

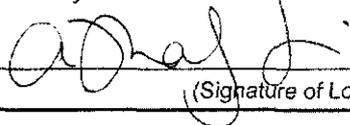
(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last) Maluafiti	(First) Alicia	(Middle)	TELEPHONE 808-224-3648
MAILING ADDRESS (Street) PO Box 75345			FAX
			EMAIL alicia@lohicommunications.com
(City) Kapolei	(State) HI	(Zip Code) 96707	
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) West Molokai Association			TELEPHONE
MAILING ADDRESS (Street) PO Box 321			FAX
			EMAIL wmaoffice@comcast.com
(City) Maunaloa	(State) HI	(Zip Code) 96770	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>ROLAND HAGMAN</i>			TELEPHONE <i>808 552 2312</i>
MAILING ADDRESS (Street) PO Box 321			FAX
			EMAIL wmaoffice@comcast.com
(City) Maunaloa	(State) HI	(Zip Code) 96770	

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 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 type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" 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>	
	1-15-13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
ROLAND HAGMAN	PRESIDENT	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
WMA		
MAILING ADDRESS (Street)	FAX	
PO Box 321		
	EMAIL	
	wmaoffice@comcast.com	
(City)	(State)	(Zip Code)
Maunaloa	HI	96770
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	JAN - 22 - 2013	
(Signature of Authorizing Officer or Person Represented)	(Date)	