

**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
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 Web site: www.hawaii.gov/ethics

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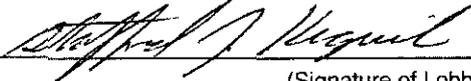
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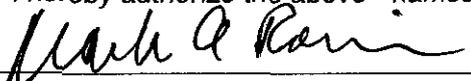
LOBBYIST REGISTRATION FORM STATE OF HAWAII
 ETHICS COMMISSION
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kiguchi	Stafford	J.	694-8580
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			694-8440
			EMAIL
			stafford.kiguchi@boh.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96846-6000	
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
Bank of Hawaii			694-8580
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			694-8440
			EMAIL
			stafford.kiguchi@boh.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96846-6000	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joy Alameda			694-4438
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			694-4304
			EMAIL
			joy.alameda@boh.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96846-6000	

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 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	1/25/13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mark A. Rossi		Vice Chairman	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Bank of Hawaii		694-8822	
MAILING ADDRESS (Street)		FAX 694-4626	
P.O. Box 2900		EMAIL	
		mark.rossi@boh.com	
(City)	(State)	(Zip Code)	
Honolulu	HI	96846-6000	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1-25-13	
(Signature of Authorizing Officer or Person Represented)		(Date)	