

**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

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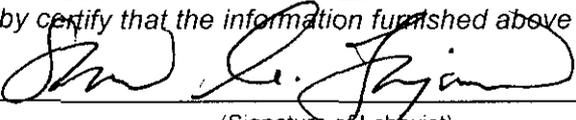
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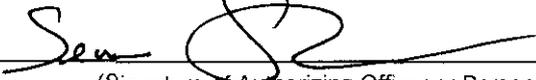
LOBBYIST REGISTRATION FORM STATE OF HAWAII
 (Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Fujimura	Susan	A	(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suite 1800			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Alston Hunt Floyd & Ing			(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suite 1800			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Boot Removal			(808) 861-6595
MAILING ADDRESS (Street)			FAX
4916 Waa Street			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96821	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sean Starn			(808) 861-6595
MAILING ADDRESS (Street)			FAX
4916 Waa Street			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96821	

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 checked="" 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>	
	5-31-13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Sean Starn		
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Boot Removal	(808) 861-6595	
MAILING ADDRESS (Street)	FAX	
4916 Waa Street	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96821
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	5-31-13	
(Signature of Authorizing Officer or Person Represented)	(Date)	