



**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  
 (Type or Print Clearly) STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Arakaki	Jodene	K.	808-525-6232
MAILING ADDRESS (Street)			FAX 808-525-6233
999 Bishop Street, Ste. 2810			EMAIL jarakaki@fhb.com
(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
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
First Hawaiian Bank			808-525-6232
MAILING ADDRESS (Street)			FAX 808-525-6233
999 Bishop Street, Ste. 2810			EMAIL jarakaki@fhb.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Neal Okabayashi			808-525-5785
MAILING ADDRESS (Street)			FAX 808-525-5025
P.O. Box 3200			EMAIL nokabayashi@fhb.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" 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 checked="" 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 checked="" 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 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>	
 _____ (Signature of Lobbyist)	<u>9/11/13</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Neal Okabayashi	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED SVP & Attorney	
NAME OF ORGANIZATION (if applicable) First Hawaiian Bank	TELEPHONE 808-525-5785	
MAILING ADDRESS (Street) P.O. Box 3200	FAX 808-525-5025	EMAIL nokabayashi@fhb.com
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)	<u>9/12/13</u> _____ (Date)	