



HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Santiago	Alexander	C.	(808)383-9032
MAILING ADDRESS (Street)			FAX
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			alexcsanti@gmail.com
(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)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Association for Marriage and Family Therapy-Hawaii Division			(808)291-5321
MAILING ADDRESS (Street)			FAX (808)622-4971
P.O. Box 698			EMAIL
			hawaiiimfts@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96809	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Mark Matsushita			
MAILING ADDRESS (Street)			FAX
95-1030 F Ainamakua Dr			EMAIL
			mmm_3x@msn.com
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