

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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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
P.O. Box 327			EMAIL
			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
Hawaii Dental Hygienists' Association			
MAILING ADDRESS (Street)			FAX
P.O. Box 23313			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Tricia Jinbo			808 375-5890
MAILING ADDRESS (Street)			FAX
P.O. Box 23313			EMAIL
			love2floss@live.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	

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 checked="" 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 checked="" 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>	
<u><i>Alyson C. Dardino</i></u>	<u>1-21-14</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<i>Elizabeth Kelley-Miyashiro</i>	<i>President</i>	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
<i>Hawaii Dental Hygienists' Association</i>	<i>808 387 9338</i>	
MAILING ADDRESS (Street)	FAX	
<i>PO Box 23313</i>		
(City)	(State)	(Zip Code)
<i>Honolulu</i>	<i>HI</i>	<i>96823</i>
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u><i>[Signature]</i></u>	<u>1/16/14</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	