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 [illegible]
Web site [illegible]

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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
Fujimura	Susan	A.	(808) 524-1800
MAILING ADDRESS (Street)			FAX (808)524-4591
1001 Bishop Street, Suite 1800			EMAIL sfujimura@ahfi.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
Alston Hunt Floyd & Ing			(808) 524-1800
MAILING ADDRESS (Street)			FAX (808)524-4591
1001 Bishop Street, Suite 1800			EMAIL sfujimura@ahfi.com
(City)	(State)		(Zip Code)
Honolulu	HI		96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Independent Insurance Agents Association		(808) 531-3125
MAILING ADDRESS (Street)		FAX (808) 531-9995
76 North King Street		EMAIL hiia@hawaii.twcbc.com
(City)	(State)	(Zip Code)
Honolulu	HI	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Sonia M. Leong		(808) 531-3125
MAILING ADDRESS (Street)		FAX (808) 531-9995
76 North King Street		EMAIL hiia@hawaii.twcbc.com
(City)	(State)	(Zip Code)
Honolulu	HI	96817

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation
Culture, Arts, Historic Preservation	X Health	Planning, Land & Water Use Management	Other (indicate below)
Ecology, Energy Environmental Protection	Housing	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.

[signature] 2/11/2014

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Sonia M. Leong	Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Independent Insurance Agents Association	(808) 531-3125
MAILING ADDRESS (Street)	FAX (808) 531-9995
76 North King Street	EMAIL hiia@hawaii.twcbc.com

(City)	(State)	(Zip Code)
Honolulu	HI	96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Sonia M. Leong 2/13/2014

(Signature of Authorizing Officer or Person Represented) (Date)