

**HAWAII STATE ETHICS COMMISSION**

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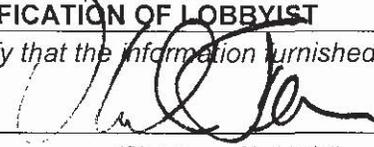
LOBBYIST REGISTRATION FORM

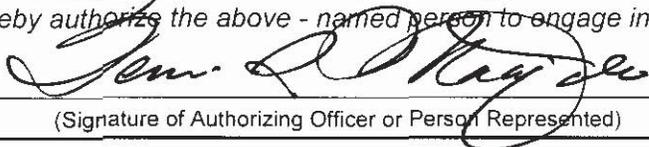
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Devens	(First) Vladimir	(Middle) Paul	TELEPHONE 253-8102
MAILING ADDRESS (Street) 707 Richards Street, PH1			FAX 254-6872
			EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) SHOPO			TELEPHONE 808-847-4676
MAILING ADDRESS (Street) 1717 Hoe Street			FAX 841-4818
			EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96819-3125	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) SHOPO			TELEPHONE 808-847-4676
MAILING ADDRESS (Street) 1717 Hoe Street			FAX 808-841-4818
			EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96819-3125	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Rose Isoda			TELEPHONE 808-847-4676
MAILING ADDRESS (Street) 1717 Hoe Street			FAX 808-841-4818
			EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96819-3125	

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 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 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 checked="" 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>	
	MAR 07 2014
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Tenari Maafala	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) SHOPO	TELEPHONE 808-847-4676	
MAILING ADDRESS (Street) 1717 Hoe Street	FAX 841-4818	
	EMAIL	
(City) Honolulu	(State) Hawaii	(Zip Code) 96819-3125
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		03/27/14
(Signature of Authorizing Officer or Person Represented)		(Date)