

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
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 Web site: www.hawaii.gov/ethics

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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) Alapa	(First) Keani	(Middle) Saimasina	TELEPHONE 808-253-8102
MAILING ADDRESS (Street) 707 Richards Street, PH1			FAX 808-254-6872
			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 808-841-4818
			EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96819-3125	

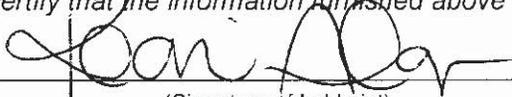
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) SHOPO			TELEPHONE 808-847-4676
MAILING ADDRESS (Street) 1717 Hoe Street			FAX 808-841-4818
			EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96819-3125	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



 (Signature of Lobbyist)

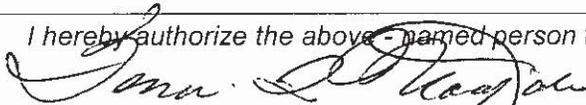
3/13/14

 (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 808-841-4818	
(City) Honolulu	(State) Hawaii	EMAIL	
		(Zip Code) 96819-3125	

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



 (Signature of Authorizing Officer or Person Represented)

04/02/14

 (Date)