



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

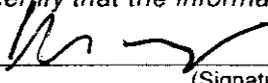
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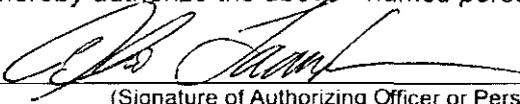
LOBBYIST REGISTRATION FORM STATE OF HAWAII
 STATE ETHICS COMMISSION
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Dang	Marvin	S. C.	521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Financial Services Association			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marvin S. C. Dang			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

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 Operations & 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 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 checked="" 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>	
	1/2/13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Alvin Tanaka, Vice President		
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Financial Services Association	521-8521	
MAILING ADDRESS (Street)	FAX	
P.O. Box 4109	521-8522	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812-4109
<i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1/2/13	
(Signature of Authorizing Officer or Person Represented)	(Date)	