



HAWAII STATE ETHICS COMMISSION

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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
Brown	Sinclair		(808) 537-4169
MAILING ADDRESS (Street)			FAX (808) 532-7229
P.O. Box 721			EMAIL hpa.officers@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	
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 Pilots Association			(808) 537-4169
MAILING ADDRESS (Street)			FAX (808) 532-7229
P.O. Box 721			EMAIL hpa.officers@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sinclair Brown			(808) 537-4169
MAILING ADDRESS (Street)			FAX (808) 532-7229
P.O. Box 721			EMAIL hpa.officers@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	

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 checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" 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 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.

Sinclair G. Brown

5-16-15

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Sinclair Brown		Vice President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Pilots Association		(808) 537-4169	
MAILING ADDRESS (Street)		FAX (808) 532-7229	
P.O. Box 721		EMAIL hpa.officers@gmail.com	
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	

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

Sinclair G. Brown

5-16-15

(Signature of Authorizing Officer or Person Represented)

(Date)