



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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 Web site: www.hawaii.gov/ethics

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15 MAY 29 10:52

STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

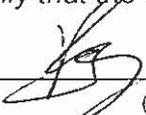
LOBBYIST REGISTRATION FORM

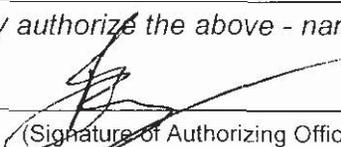
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Trevino	(First) Benjamin	(Middle) Eduardo	TELEPHONE 808-225-4725
MAILING ADDRESS (Street) 999 Bishop St, Suite 1202			FAX
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813	
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) Bikeshare Hawaii			TELEPHONE
MAILING ADDRESS (Street) 999 Bishop St, Suite 1202			FAX
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Ben Trevino			TELEPHONE
MAILING ADDRESS (Street) 999 Bishop St, Suite 1202			FAX
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813	

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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 _____ (Signature of Lobbyist)	<u>5/29/15</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Benjamin Trevino	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & COO	
NAME OF ORGANIZATION (if applicable) Bikeshare Hawaii	TELEPHONE	
MAILING ADDRESS (Street) 999 Bishop St., Suite 1202	FAX	
	EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)		<u>5/29/15</u> _____ (Date)