



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 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)	(First)	(Middle)
Heberle	Thomas	
TELEPHONE		(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
Thomas Heberle		(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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Thomas Heberle</u>	<u>5/15/15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Thomas Heberle	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>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>Thomas Heberle</u>	<u>5/15/15</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	