



## 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](http://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)	TELEPHONE
Hannemann	Muliufi	Francis	(808) 923-0407
MAILING ADDRESS (Street)			FAX (808) 924-3843
2270 Kalakaua Avenue Suite 1506			EMAIL <a href="mailto:mhannemann@hawaiilodging.org">mhannemann@hawaiilodging.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawai'i Lodging & Tourism Association			(808) 923-0407
MAILING ADDRESS (Street)			FAX (808) 924-3843
2270 Kalakaua Avenue Suite 1506			EMAIL <a href="mailto:mhannemann@hawaiilodging.org">mhannemann@hawaiilodging.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	

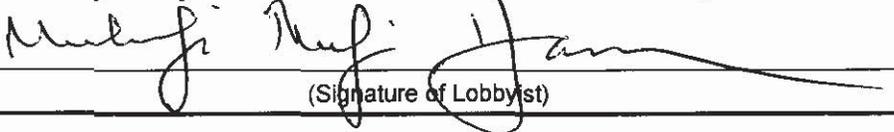
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawai'i Lodging & Tourism Association			(808) 923-0407
MAILING ADDRESS (Street)			FAX (808) 924-3843
2270 Kalakaua Avenue Suite 1506			EMAIL <a href="mailto:info@hawaiilodging.org">info@hawaiilodging.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jared Higashi, Director of Government & Community Affairs			(808) 923-0407
MAILING ADDRESS (Street)			FAX (808) 924-3843
2270 Kalakaua Avenue Suite1506			EMAIL <a href="mailto:jhigashi@hawaiilodging.org">jhigashi@hawaiilodging.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input checked="" type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" 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)

7/23/15  
 \_\_\_\_\_  
 (Date)

**PART V AUTHORIZATION TO LOBBY**

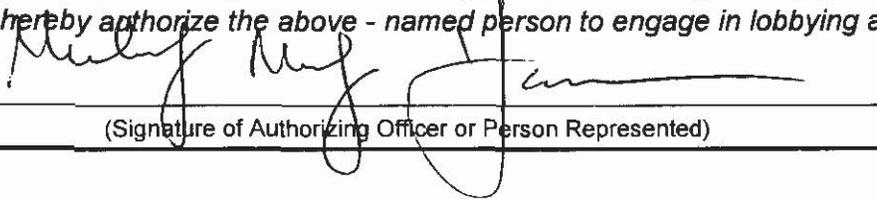
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Muliufi Hannemann	President & CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawai'i Lodging & Tourism Association	(808) 923-0407

MAILING ADDRESS (Street)	FAX
2270 Kalakaua Avenue Suite 1506	(808)924-3843
	EMAIL
	mhannemann@hawaiilodging.org

(City)	(State)	(Zip Code)
Honolulu	HI	96815

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

  
 \_\_\_\_\_  
 (Signature of Authorizing Officer or Person Represented)

7/23/15  
 \_\_\_\_\_  
 (Date)