



HAWAII STATE ETHICS COMMISSION
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 Web site: www.hawaii.gov/ethics

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 '15 OCT 20 P2:02
 STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Paulson	(First) Lisa	(Middle) Henricksen	TELEPHONE 808-244-8625
MAILING ADDRESS (Street) 1727 Wili Pa Loop			FAX 808-244-3094
			EMAIL lpaulson@mauihla.org
(City) Wailuku	(State) HI	(Zip Code) 96793	
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)	

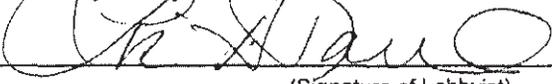
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Maui Hotel & Lodging Association			TELEPHONE 808-244-8625
MAILING ADDRESS (Street) 1727 Wili Pa Loop			FAX 808-244-3094
			EMAIL info@mauihla.org
(City) Wailuku	(State) HI	(Zip Code) 96793	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Lisa H. Paulson			TELEPHONE 808-244-8625
MAILING ADDRESS (Street) 1727 Wili Pa Loop			FAX 808-244-3094
			EMAIL lpaulson@mauihla.org
(City) Wailuku	(State) HI	(Zip Code) 96793	

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.



10/20/15

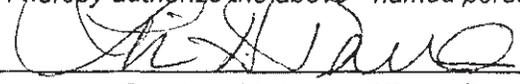
(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lisa H. Paulson		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Maui Hotel & Lodging Association		808-244-8625	
MAILING ADDRESS (Street)		FAX 808-244-3094	
1727 Wili Pa Loop		EMAIL	
		lpaulson@mauihla.org	
(City)	(State)	(Zip Code)	
Wailuku	HI	96793	

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



10/20/15

(Signature of Authorizing Officer or Person Represented)

(Date)