



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)	TELEPHONE
Bigalke-Bannan	Sonja	Christine	(808) 521-1787
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd. Suite 903			(808) 534-1199
			EMAIL
			info@naswhi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
National Association of Social Workers - Hawaii chapter			(808) 521-1787
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd. Suite 903			(808) 534-1199
			EMAIL
			info@naswhi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
National Association of Social Workers - Hawaii chapter			(808) 521-1787
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd. Suite 903			(808) 534-1199
			EMAIL
			info@naswhi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jay Miyaki, CPA			(808) 522-1042
MAILING ADDRESS (Street)			FAX
600 Queen Street, Suite C-4			
			EMAIL
			jay@miyakicpa.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" 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 checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" 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 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.

Sonyi Bejalku - Barr

 (Signature of Lobbyist)

11/1/2016

 (Date)

PART V AUTHORIZATION TO LOBBY

NAME <i>WENDY YOSHIOKA</i>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <i>VICE PRESIDENT</i>
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NAME OF ORGANIZATION (if applicable) <i>National Association of Social Workers - Hawaii chapter</i>	TELEPHONE <i>(808) 521-1787</i>
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MAILING ADDRESS (Street) <i>677 Ala Moana Blvd. Suite 903</i>	FAX <i>(808) 534-1199</i>
(City) <i>Honolulu</i>	EMAIL <i>info@naswhi.org</i>
(State) <i>HI</i>	(Zip Code) <i>96813</i>

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

[Signature]

 (Signature of Authorizing Officer or Person Represented)

1/23/16

 (Date)