

**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

THIS SPACE FOR OFFICE USE ONLY

*16 FEB -9 11:06

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
Rosehill,	Linda	K.	808-536-2611
MAILING ADDRESS (Street)			FAX 808-524-2628
1088 Bishop Street, Suite 1010			EMAIL lrosehill@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Rosehill & Associates			
MAILING ADDRESS (Street)			FAX
Same			EMAIL
(City)	(State)	(Zip Code)	

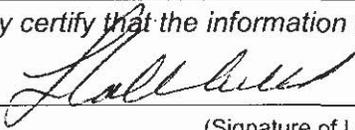
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Family Advocates			808-429-4872
MAILING ADDRESS (Street)			FAX
P.O. Box 2757			EMAIL info@hffaction.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96803	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
James R. Aiona Jr.			808-429-4872
MAILING ADDRESS (Street)			FAX
P.O. Box 2757			EMAIL info@hffaction.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96803	

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 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 type="checkbox"/> Transportation
<input 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 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)

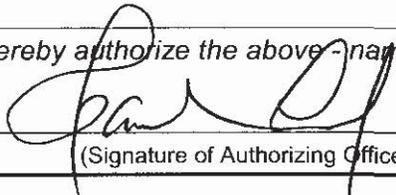
2-4-2016

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
James R. Aiona Jr			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Family Advocates		808-429-4872	
MAILING ADDRESS (Street)		FAX	
P.O. Box 2757			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96803	

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



(Signature of Authorizing Officer or Person Represented)

2/1/16

(Date)