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
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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) Oshiro	(First) Blake	(Middle)
TELEPHONE (808) 531-4551		
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401	FAX (808) 533-4601	EMAIL blake.oshiro@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Capitol Consultants of Hawaii, LLP.	TELEPHONE (808) 531-4551	
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401	FAX (808) 533-4601	EMAIL blake.oshiro@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813-2453

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Honua Consulting	TELEPHONE (808) 392-1617	
MAILING ADDRESS (Street) 4348 Wai'alae Avenue #254	FAX (888) 392-4941	EMAIL watson@honuaconsulting.com
(City) Honolulu	(State) HI	(Zip Code) 96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Melody Butay Dacanay	TELEPHONE (808) 531-4551	
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401	FAX	EMAIL melody.butay.dacanay@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813-2453

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☑ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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) 3/28/16 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Trisha Kehaulani Watson, JD, PhD	Owner and Senior Consultant

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Honua Consulting	(808) 392-1617
MAILING ADDRESS (Street)	FAX (808) 392-1617
4348 Wai'alae Avenue #254	EMAIL watson@honuaconsulting.com

(City)	(State)	(Zip Code)
Honolulu	HI	96816

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

(Signature of Authorizing Officer or Person Represented) 3/24/16 (Date)