



HAWAII STATE ETHICS COMMISSION

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email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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15 JAN 20 AM 4:41
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
Aiona, Jr.	James	Richard	808-277-0064
MAILING ADDRESS (Street)			FAX N/A
P.O. Box 2757			EMAIL jrainc@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96803	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

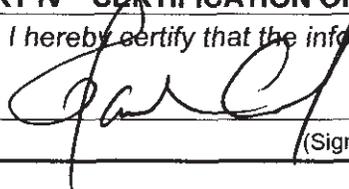
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Family Advocates			808-429-4872
MAILING ADDRESS (Street)			FAX
P.O. Box 2757			EMAIL info@hffaction.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96803	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S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

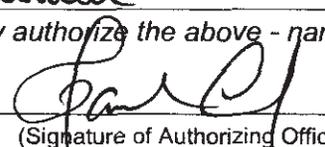
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 _____ 1/20/15

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
James R. Aiona Jr		President / CEO	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Family Advocates		808-429-4872	
MAILING ADDRESS (Street)		FAX	
P.O. Box 2757		EMAIL	
(City)		(Zip Code)	
Honolulu		96803	
(State)			
HI			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 _____		<u>1/20/15</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	