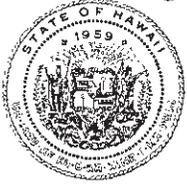


ORIGINAL



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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15 JAN 22 AM 11:13

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
OSHIRO BLAKE K. (808) 524-1800
MAILING ADDRESS (Street) FAX (808) 524-4591
1001 BISHOP STREET, SUITE 1800 EMAIL BOSHIRO@AHFI.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
ALSTON HUNT FLOYD & ING (808) 524-1800
MAILING ADDRESS (Street) FAX (808) 524-4591
1001 BISHOP STREET, SUITE 1800 EMAIL
(City) (State) (Zip Code)
HONOLULU HAWAII 96813

PART II ORGANIZATION
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE
HAWAII ASSOCIATION OF MORTGAGE PROFESSIONALS (808) 223-2761
MAILING ADDRESS (Street) FAX
P. O. BOX 1074 EMAIL
(City) (State) (Zip Code)
HONOLULU HAWAII 96808
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE
CATHY LEE (808) 585-7221
MAILING ADDRESS (Street) FAX
P. O. BOX 1074 EMAIL CLEE@CBLLENDING.COM
(City) (State) (Zip Code)
HONOLULU HAWAII 96808

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input 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 checked="" 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 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 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)

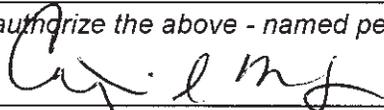
JAN 21 2015

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
CATHY LEE		PRESIDENT	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
HAWAII ASSOCIATION OF MORTGAGE PROFESSIONALS		(808) 585-7221	
MAILING ADDRESS (Street)		FAX	
P. O. BOX 1074		EMAIL	
(City)		CLEE@CBLLENDING.COM	
(State)		(Zip Code)	
HONOLULU		HAWAII 96808	

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



(Signature of Authorizing Officer or Person Represented)

1/20/2015

(Date)