



## 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](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

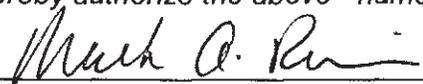
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kiguchi	Stafford	K.	694-8580
MAILING ADDRESS (Street)			FAX 694-8440
P.O. Box 2900			EMAIL stafford.kiguchi@boh.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96846-6000	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Bank of Hawaii			694-8580
MAILING ADDRESS (Street)			FAX 694-8440
P.O. Box 2900			EMAIL stafford.kiguchi@boh.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96846-6000	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joy Alameda			694-4438
MAILING ADDRESS (Street)			FAX 694-4304
P.O. Box 2900			EMAIL joy.alameda@boh.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96846-6000	

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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>1/21/15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mark A. Rossi	Vice Chairman	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Bank of Hawaii	694-8822	
MAILING ADDRESS (Street)	FAX	
P.O. Box 2900	694-4626	
	EMAIL	
	mark.rossi@boh.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96846-6000
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<del>1/22/15</del> 1/22/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	