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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Web site: 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
Ito	Mihoko	E.	808-539-0400
MAILING ADDRESS (Street)			FAX 808-533-4945
First Hawaiian Center, 999 Bishop Street, Suite 1400			EMAIL mito@awlaw.com
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Slovin & Ito LLP			808-539-0400
MAILING ADDRESS (Street)			FAX 808-533-4945
First Hawaiian Center, 999 Bishop Street, Suite 1400			EMAIL
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
DISH Network L.L.C.		(202) 293-0981
MAILING ADDRESS (Street)		FAX
1110 Vermont Avenue NW, Suite 750		EMAIL jeffrey.blum@dishnetwork.com
(City)	(State)	(Zip Code)
Washington	D.C.	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Carrie E. Castro		(703) 684-1110
MAILING ADDRESS (Street)		FAX (703) 684-0717
MultiState Associates, Inc., 515 King St., Suite 300		EMAIL CCastro@multistate.com
(City)	(State)	(Zip Code)
Alexandria	VA	22314

REC'D BY HAND DELIVERY

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) — 1/23/15 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jeffrey Blum	Sr. Vice President & Deputy General Counsel

NAME OF ORGANIZATION (if applicable)	TELEPHONE
DISH Network L.L.C.	(202) 293-0981
MAILING ADDRESS (Street)	FAX
1110 Vermont Avenue NW, Suite 750	EMAIL jeffrey.blum@dishnetwork.com

(City)	(State)	(Zip Code)
Washington	D.C.	20005

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

(Signature of Authorizing Officer or Person Represented) — 1/19/15 (Date)