

**HAWAII STATE ETHICS COMMISSION**

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Menor-McNamara	Sherry		(808) 545-4300
MAILING ADDRESS (Street)			FAX (808) 545-4369
1132 Bishop Street #2105			EMAIL <a href="mailto:smenor-mcnamara@cochawaii.org">smenor-mcnamara@cochawaii.org</a>
(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
Chamber of Commerce Hawaii			(808) 545-4300
MAILING ADDRESS (Street)			FAX (808) 545-4369
1132 Bishop Street #2105			EMAIL <a href="mailto:smenor-mcnamara@cochawaii.org">smenor-mcnamara@cochawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Chamber of Commerce Hawaii			(808) 545-4300
MAILING ADDRESS (Street)			FAX (808) 545-4369
1132 Bishop Street #2105			EMAIL <a href="mailto:smenor-mcnamara@cochawaii.org">smenor-mcnamara@cochawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jennifer Domaloan			(808) 545-4300
MAILING ADDRESS (Street)			FAX (808) 545-4369
1132 Bishop Street #2105			EMAIL <a href="mailto:jdomaloan@cochawaii.org">jdomaloan@cochawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" 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	_____

**PART IV CERTIFICATION OF LOBBYIST**

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

\_\_\_\_\_ 1/29/10  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Sherry Menor-McNamara		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and CEO	
NAME OF ORGANIZATION (if applicable) Chamber of Commerce Hawaii		TELEPHONE (808) 545-4300	
MAILING ADDRESS (Street) 1132 Bishop Street #2105		FAX (808) 545-4369	
(City) Honolulu	(State) HI	EMAIL smenor-mcnamara@cochawaii.org	
		(Zip Code) 96813	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
_____		1/29/10	
(Signature of Authorizing Officer or Person Represented)		(Date)	