

**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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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
Santiago	Alexander	C	(808)383-9032
MAILING ADDRESS (Street)			FAX
PO Box 327			EMAIL
			alexcsanti@gmail.com
(City)	(State)	(Zip Code)	
Waianae	HI	96792	
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)	

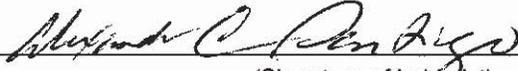
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Dental Hygienists' Association		
MAILING ADDRESS (Street)	FAX	
PO Box 23313	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96823
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Tricia Jinbo	(808)375-5890	
MAILING ADDRESS (Street)	FAX	
PO Box 23313	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96823

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 checked="" 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 checked="" 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)

1/27/15

 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Elizabeth Kelley Miyashiro		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Dental Hygienists' Association		(808)387-9338	
MAILING ADDRESS (Street)		FAX	
PO Box 23313		EMAIL	
		memiyashiro@gmail.com	
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		<u>1/21/15</u>	
_____		_____	
(Signature of Authorizing Officer or Person Represented)		(Date)	