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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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 Psychological Association		(808)521-8995
MAILING ADDRESS (Street)		FAX (808)521-8994
PO Box 833		EMAIL hpaexec@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96808
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Alex Santiago		(808)521-8995
MAILING ADDRESS (Street)		FAX
PO Box 833		EMAIL hpaexec@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96808

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) — 1/27/15 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Marie Terry-Bivens, Psy.D.	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Psychological Association	(808)521-8995
MAILING ADDRESS (Street)	FAX (808)521-8994
PO Box 833	EMAIL hpaexec@gmail.com

(City)	(State)	(Zip Code)
Honolulu	HI	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) — 1/19/15 (Date)